

2000 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

Field Interviewer Manual

Contract No. 283-98-9008

Project No. 7190

Prepared for:

Substance Abuse and Mental
Health Services Administration
Rockville, Maryland 20857

Prepared by:
Research Triangle Institute

November 1999

Field Interviewer: _____

FI ID No: _____

2000 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

Field Interviewer Manual

Contract No. 283-98-9008

Project No. 7190

Prepared for:

Substance Abuse and Mental
Health Services Administration
Rockville, Maryland 20857

Prepared by:
Research Triangle Institute

November 1999

2000 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

Field Interviewer Manual

Contract No. 283-98-9008

Project No. 7190

Prepared for:

Substance Abuse and Mental
Health Services Administration
Rockville, Maryland 20857

Prepared by:
Research Triangle Institute

November 1999

Research Triangle Institute

VISION

We will grow in size and scientific stature by improving our entrepreneurial environment, by being more responsive to our customers, and by respecting our mission and values.

MISSION

RTI is dedicated to improving the human condition through multidisciplinary research, development, and technical services that meet the highest standards of professional performance.

VALUES

Integrity - We perform with the highest principles of individual and group integrity and honesty. We communicate openly, sensitively, and realistically with each other and with our clients.

Excellence - We conduct our research, administrative, and support activities with excellence as a fundamental goal, providing our customers with exceptional value and delivering on our promises.

Innovation - We encourage the independent thinking and entrepreneurship of our staff. We employ the team approach to foster a vision for the future and we utilize multidisciplinary collaboration to produce innovative approaches to meet the requirements of our clients.

Respect for the Individual - We treat one another fairly, with dignity and equity, and maintain a work environment that motivates each of us to develop to our full potential.

Fiscal Responsibility - We operate with the fiscal responsibility that assures cost competitiveness and continuing financial strength.

Respect for the Institute - We recognize that the strength of the Institute is our collective commitment to its values, goals, and practices.

Table of Contents

1. INTRODUCTION TO THE STUDY	1-1
1.1 Research Triangle Institute (RTI)	1-1
1.2 Project Organization	1-1
1.3 Study Background	1-3
1.3.1 Brief History of NHSDA	1-3
1.3.2 Current Design for NHSDA	1-4
1.3.3 Validity Study	1-4
1.4 Data Collection Schedule	1-5
1.5 Project Abbreviations and Terminology	1-7
1.6 Use of Manual	1-7
Review of Chapter 1	1-13
2. YOUR JOB AS A FIELD INTERVIEWER	2-1
2.1 Introduction	2-1
2.2 Screening and Interviewing Process	2-1
2.3 Field Interviewer Responsibilities	2-2
2.4 Professional Ethics and Respondents' Rights	2-6
2.5 Importance of Confidentiality	2-6
2.6 Adherence to Procedures	2-7
2.7 Performance Expectations	2-7
2.8 Materials, Supplies and Equipment	2-9
Review of Chapter 2	2-11
3. LOCATING SAMPLE DWELLING UNITS	3-1
3.1 Introduction	3-1
3.1.1 Definitions	3-1
3.1.2 Overview of the Sampling Process	3-1
3.2 Inspecting the Segment Materials	3-2
3.2.1 Locator Maps	3-15
3.2.2 Block Listing Map(s)	3-15
3.2.3 Selected Dwelling Units (DU) List	3-16
3.3 Locating the Segment and the Designated SDUs	3-19

Table of Contents (Continued)

3.3.1	Housing Units	3-19
3.3.2	Group Quarters Units	3-20
3.4	Determining That Each SDU Is a Housing Unit or a Group Quarters Unit	3-20
3.4.1	Housing Units	3-20
3.4.2	Group Quarters Units	3-23
3.4.3	Units That Do Not Qualify as Dwelling Units	3-25
3.5	Checking for Missed Dwelling Units	3-27
3.5.1	Missed DUs in "Fixed" Structures (e.g., houses, buildings, rooms)	3-27
3.5.2	Missed DUs in "Non-Fixed" Structures (e.g., beds or persons in shelters)	3-28
3.5.3	Dealing with Listed DUs That Should <u>Not</u> Have Been Listed	3-30
3.6	Adding Missed Dwelling Units	3-30
3.6.1	Adding Missed Housing Units	3-30
3.6.2	Reconciling Missed DUs	3-34
3.6.3	Adding Missed HUs on the Maps	3-36
3.6.4	Adding Missed Group Quarters Units	3-38
3.6.5	Marking the Segment Materials Envelope	3-38
3.7	When to Call RTI	3-42
3.8	Importance of Sampling Activities	3-42
	Review of Chapter 3	3-43
4.	CONTACTING DWELLING UNIT RESIDENTS	4-1
4.1	Introduction	4-1
4.2	Scheduling Fieldwork	4-1
4.3	Assignment Materials	4-2
4.3.1	Case Identification Information	4-2
4.4	Record of Calls	4-3
4.4.1	Screening Result Codes	4-3
4.5	Lead Letters	4-10
4.6	Organizing Your Materials	4-12
4.7	Initial Approach	4-12
4.8	Your Introduction	4-13

Table of Contents (Continued)

4.9	Eligible Screening Respondent and Address Verification	4-13
4.10	Informed Consent	4-15
	Review of Chapter 4	4-17
5.	OBTAINING PARTICIPATION	5-1
5.1	Introduction	5-1
5.2	Tools for Obtaining Participation	5-1
5.2.1	Lead Letter	5-1
5.2.2	RTI Photo ID Badge	5-1
5.2.3	SAMHSA FI Authorization Letter	5-1
5.2.4	The Q & A Brochure	5-4
5.2.5	Federal Confidentiality Certificate	5-4
5.2.6	NHSDA Information	5-4
5.3	Explaining the Survey and Answering Questions	5-10
5.4	Overcoming Objections	5-12
5.4.1	Refusal Reasons	5-15
5.5	“Tips” on Obtaining Participation	5-18
5.6	Importance of Interviewer Style	5-19
5.7	Local Social Climate	5-20
5.8	Controlled Access Buildings/Gated Communities	5-20
5.9	Using an Escort	5-21
5.10	Working Safely	5-22
5.11	The Working Environment of a Field Interviewer	5-23
5.11.1	The Home	5-24
5.11.2	Traveling To, From and Within a Segment	5-24
5.11.3	On a Respondent’s Property	5-33
	Review of Chapter 5	5-35
6.	CONDUCTING SCREENING	6-1
6.1	Introduction	6-1
6.2	Overview of NHSDA Screening	6-1
6.3	Overview of Newton Screening and Case Management Program	6-2

Table of Contents (Continued)

6.4	The Screening Program	6-2
6.4.1	Starting the Newton	6-3
6.4.2	Case Management	6-6
6.4.3	Introduction and Verify Address	6-9
6.4.4	Informed Consent	6-13
6.4.5	Missed DUs	6-14
6.4.6	Completing the Housing Unit Roster	6-14
6.4.7	Selection	6-35
6.5	Verification	6-38
6.5.1	Entering Verification Data	6-39
6.6	Record of Calls	6-41
6.6.1	Adding Interview A and B Case ROC Result Codes	6-46
6.6.2	Refusal Report	6-48
6.6.3	Special Rules for Final Codes 11, 17 and 77	6-49
6.6.4	Importance of ROC data	6-49
6.6.5	Flow of Newton Program	6-50
6.7	GQU Screening Program	6-50
6.8	Edit Address	6-51
6.9	Missed DUs Procedures	6-52
6.9.1	Adding Missed DUs	6-52
6.9.2	Reconciling Missed DUs	6-54
6.10	On Hold Feature	6-54
6.11	Re-open Case	6-55
6.12	Enter Summary PT&E	6-56
6.13	Transmit Data	6-56
6.14	Calibrate Pen	6-56
6.15	Set Name and ID	6-56
6.16	Re-Load Training Cases	6-57
6.17	Set Roster Prompts Off/On	6-57
6.18	Transferring Cases	6-57
6.19	Daily Closing of the Screening Program	6-57
6.20	NHSDA Utilities	6-57

Table of Contents (Continued)

Review of Chapter 6	6-59
7. PREPARING TO INTERVIEW	7-1
7.1 Introduction	7-1
7.2 Your Role as a Professional Field Interviewer	7-1
7.3 Case Assignment	7-1
7.3.1 Assigning Interview Result Codes	7-2
7.3.2 Interview Result Codes	7-4
7.4 Contacting the Selected Respondent(s)	7-8
7.4.1 Initial Contacts	7-8
7.5 Obtaining Interview Participation	7-9
7.5.1 Dealing with Minors	7-11
7.6 Informed Consent Procedures	7-14
7.6.1 Adult Informed Consent	7-18
7.6.2 Parent/Guardian Consent to Approach Youth	7-18
7.6.3 Youth Informed Consent	7-18
7.7 Getting Started	7-18
7.7.1. Choosing a Location	7-21
7.7.2 Privacy	7-21
7.7.3 Setting up the Computer	7-23
Review of Chapter 7	7-25
8. THE NHSDA INTERVIEW	8-1
8.1 Introduction	8-1
8.2 Standardizing the CAPI Interview Process	8-1
8.2.1 General Questionnaire Conventions	8-1
8.2.2 Asking the Questions	8-2
8.2.3 Probing	8-4
8.2.4 When and How to Probe	8-6
8.2.5 Recording Responses	8-9
8.2.6 “Don’t Know” or “Refused”	8-10
8.3 The NHSDA Interview Content	8-10

Table of Contents (Continued)

8.4	Introductory Statement & Informed Consent	8-12
8.5	Verifying Eligibility	8-12
8.5.1	Underage or Active Military Respondents	8-12
8.6	Use of Showcards and Pillcards	8-12
8.7	Completing the Reference Date Calendar	8-13
8.8	FI Responsibilities During the ACASI Portion	8-15
8.9	Industry and Occupation Coding	8-16
8.10	Respondent Difficulties	8-18
8.11	Post Interview Procedures	8-20
8.11.1	Verification	8-20
8.11.2	Field Interviewer Observation and Questions	8-22
8.11.3	Packing up the Equipment	8-22
8.11.4	Newton ROC	8-26
8.12	Thank the Respondent	8-26
	Review of Chapter 8	8-27
9.	DOCUMENTING AND REPORTING PROCEDURES	9-1
9.1	Introduction	9-1
9.2	Transmissions from the Field	9-1
9.3	Entering Weekly PT&E Summary Data in Newton	9-1
9.4	Conference Call with Field Supervisor	9-7
9.4.1	Noninterview/Refusal Cases	9-7
9.4.2	Problems Encountered During the Week	9-8
9.4.3	Production in Relation to Project Goals	9-8
9.4.4	Plan for Next Week's Workload	9-8
9.4.5	Problems with Quality of Work	9-9
9.5	Reporting Summary	9-9
	Review of Chapter 9	9-13
10.	QUALITY CONTROL	10-1
10.1	Introduction	10-1
10.2	Practice, Monitoring and Evaluation at Training	10-1

Table of Contents (Continued)

10.3	Evaluation of Training	10-2
10.4	Screening Edits	10-2
10.5	Interviewing Edits	10-3
10.6	Screening/Interview Observations	10-3
10.7	Verification	10-3
	10.7.1 Screening Verifications	10-3
	10.7.2 Interview Verifications	10-4
	10.7.3 The Verification Process	10-4
	Review of Chapter 10	10-5
11.	ADMINISTRATIVE PROCEDURES	11-1
11.1	Introduction	11-1
11.2	Authorization for Expenditures	11-1
11.3	Terms of Employment	11-1
11.4	Filling Out the PT&E	11-2
11.5	Common Errors	11-6
11.6	Escorts	11-7
11.7	Federal Express Mailing Procedures	11-7
11.8	Work Absences Caused by Sickness and Vacation	11-8
11.9	Field Accidents and Injuries	11-8
11.10	Traveling FIs	11-8
	Review of Chapter 11	11-15
12.	SUMMARY	12-1
12.1	Introduction	12-1
12.2	Materials and Equipment	12-1
12.3	Organizing Your Materials	12-3
12.4	Tasks for a Typical Day	12-3
12.5	Weekly Tasks	12-5
12.6	Periodic Tasks	12-5
12.7	End of Quarter Tasks	12-5
	Review of Chapter 12	12-7

List of Appendices

Appendix A Materials, Supplies and Equipment	A-1
Appendix B Result Codes	B-1
Appendix C Refusal Letters	C-1
Appendix D NHSDA Respondent Website Content	D-1
Appendix E 2000 NHSDA Guide to Pronunciations	E-1
Appendix F Occupation Coding Sample Pages	F-1
Appendix G Industry Coding Sample Pages	G-1

List of Exhibits

Exhibit 1.1	NHSDA Organizational Chart	1-2
Exhibit 1.2	Quarterly Data Collection Schedule	1-6
Exhibit 1.3	List of Abbreviations	1-8
Exhibit 1.4	Definitions of Project Terminology	1-9
Exhibit 1.5	Project Staff Information	1-12
Exhibit 2.1	Screening and Interviewing Process	2-3
Exhibit 2.2	Job Description for an NHSDA Field Interviewer	2-4
Exhibit 2.3	Data Collection Agreement	2-8
Exhibit 2.4	FI Performance Criteria	2-10
Exhibit 3.1	Contents of Segment Materials Envelope	3-3
Exhibit 3.2	County Locator Map	3-4
Exhibit 3.3	Census Tract Locator Map	3-5
Exhibit 3.4	Segment Locator Map	3-6
Exhibit 3.5	Block Listing Map	3-7
Exhibit 3.6	Selected DU List	3-8
Exhibit 3.7	List of Dwelling Units	3-9
Exhibit 3.8	Segment Information Sheet	3-11
Exhibit 3.9	Group Quarters Listing Form	3-12

List of Exhibits (Continued)

Exhibit 3.10	Group Quarters Continuation Listing Form	3-13
Exhibit 3.11	Within-Structure Floor Sketch Sheet	3-14
Exhibit 3.12	Common Counting/Listing Abbreviations	3-17
Exhibit 3.13	Definition of a Housing Unit	3-21
Exhibit 3.14	Dwelling Unit Eligibility for NHSDA	3-26
Exhibit 3.15	Diagrams Illustrating the Prescribed Order of Listing a Segment	3-29
Exhibit 3.16	List of Added Dwelling Units	3-33
Exhibit 3.17	Block Listing Map (with Added DU)	3-37
Exhibit 3.18	Added Group Quarters Listing Form	3-39
Exhibit 3.19	1999 Envelope Cover	3-40
Exhibit 3.20	2000 Envelope Cover	3-41
Exhibit 4.1	Lead Letter	4-11
Exhibit 4.2	Statement of Confidentiality	4-16
Exhibit 5.1	RTI Photo ID Badges	5-2
Exhibit 5.2	SAMHSA FI Authorization Letter	5-3
Exhibit 5.3	Question and Answer Brochure	5-5
Exhibit 5.4	Federal Confidentiality Certificate	5-7
Exhibit 5.5	NHSDA Highlights	5-8
Exhibit 5.6	Answering Questions	5-11
Exhibit 5.7	Countering Refusals	5-13
Exhibit 5.8	Moving Supplies Safely	5-25
Exhibit 5.9	Driving Safely	5-26
Exhibit 5.10	Defensive Driving Tips	5-28
Exhibit 5.11	Procedures after an Automobile Accident	5-30
Exhibit 5.12	Working Safely in the Heat	5-32
Exhibit 6.1	Enumeration Rules	6-18
Exhibit 7.1	Answering Questions About the Interview	7-10
Exhibit 7.2	Summary of Questions	7-12

List of Exhibits (Continued)

Exhibit 7.3	Countering Youth Refusals	7-15
Exhibit 7.4	Student Certificate of Participation	7-17
Exhibit 7.5	Introduction 18 or Older	7-19
Exhibit 7.6	Introduction 12 - 17	7-20
Exhibit 8.1	Examples of Acceptable Probes	8-5
Exhibit 8.2	NHSDA CAI Interview Content	8-11
Exhibit 8.3	Reference Date Calendar	8-14
Exhibit 8.4	Verification Form	8-21
Exhibit 8.5	FI Observation Questions	8-23
Exhibit 9.1	Weekly NHSDA Tasks	9-11
Exhibit 11.1	Properly Completed PT&E	11-3
Exhibit 11.2	Completed Receipt for Escort Services	11-9
Exhibit 11.3	Completed FedEx Airbill	11-10
Exhibit 11.4	Travel Assignment Information Sheet	11-11

1. INTRODUCTION TO THE STUDY

You have been selected as a Field Interviewer (FI) for the National Household Survey on Drug Abuse (NHSDA). The project staff welcomes you to the team for this important study and hopes you will find your responsibilities challenging, interesting, and enjoyable. We at Research Triangle Institute (RTI) look forward to working with you and appreciate the commitment and skill you bring to the project.

1.1 Research Triangle Institute (RTI)

RTI is a not-for-profit contract research organization, located on a 180-acre campus in the center of the Research Triangle Park between Raleigh, Durham, and Chapel Hill, North Carolina. The Institute was incorporated as a separate entity in 1958 by the University of North Carolina at Chapel Hill, Duke University in Durham, and North Carolina State University in Raleigh. Institute research is performed both in the United States and abroad under contract with federal, state, and local governments; public service agencies; and commercial clients, ranging from small companies to national corporations. RTI occupies over 600,000 square feet of laboratory and office facilities and employs a permanent, full-time staff of over 1,500 individuals. Current research volume is approximately \$200 million annually.

1.2 Project Organization

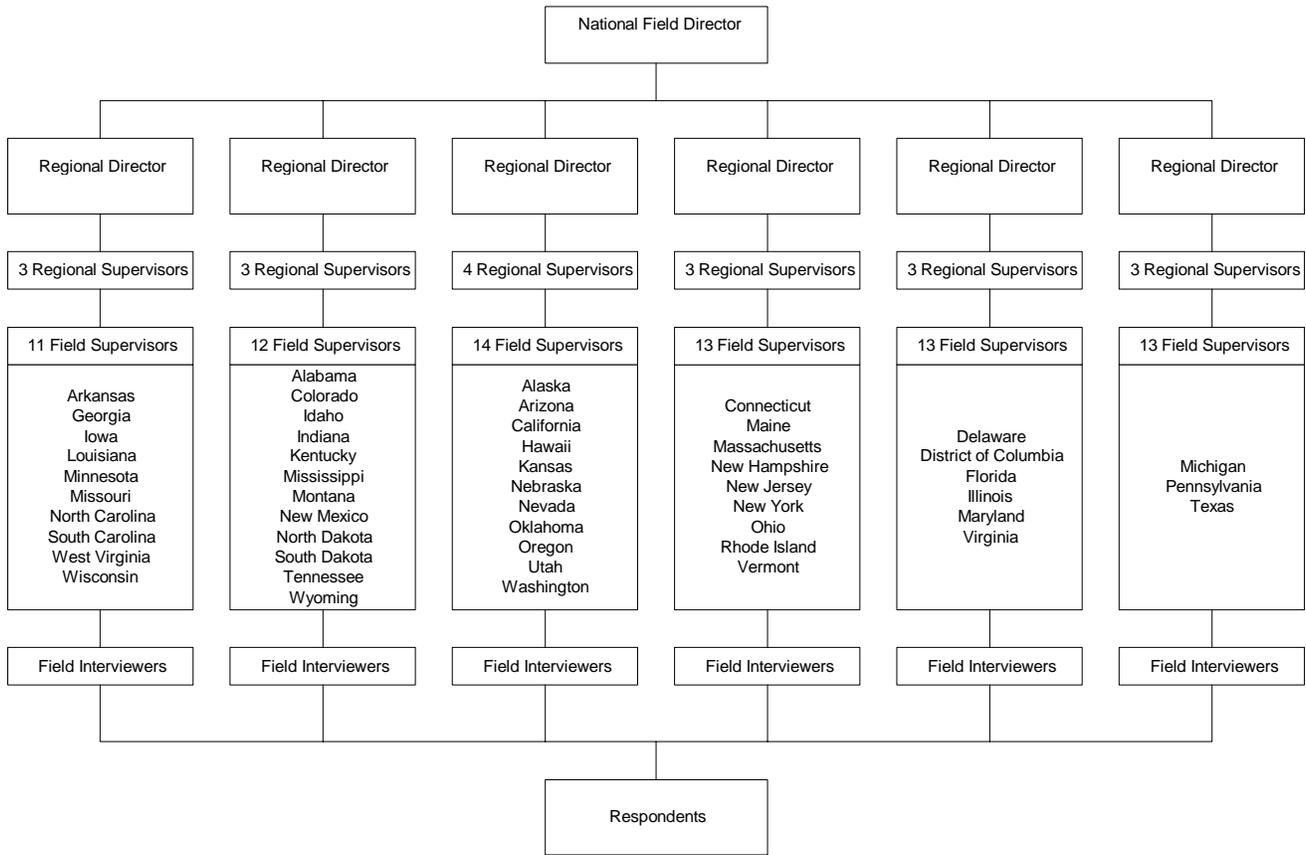
You will be one of over 1,200 Field Interviewers conducting interviews for the NHSDA. The field staff include the following positions:

- Field Interviewers (FIs) – who are supervised by:
- Field Supervisors (FSs) – who are managed by:
- Regional Supervisors (RSs) – who are directed by:
- Regional Directors (RDs) – who work with
- National Field Director Brian Burke and Project Director Tom Virag.

Other field staff include Traveling Field Interviewers (TFIs), Super FSs, and a variety of assistant positions at all supervisory levels. All FIs and FSs are employees of Headway Corporate Staffing Services, a subcontractor of RTI. The RSs are survey managers with RTI.

A chart illustrating the data collection management structure for the project is included as **Exhibit 1.1**. There are two ways to interpret this chart: as presented, the flow from director to

Exhibit 1.1 NHSDA Organizational Chart



interviewer illustrates the necessary communication and support for the overall direction of the project. When viewed from interviewer to director, we see the flow of actual information from the respondents, which is the all-important data to be gathered. You, as an interviewer, are the direct and vital link in the flow of information. Please know that your efforts are critical and very much appreciated!

1.3 Study Background

1.3.1 Brief History of NHSDA

The National Household Survey on Drug Abuse is currently an annual nationwide survey funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. These goals have been established for the NHSDA:

- to provide accurate data on the level and patterns of licit and illicit drug use
- to track trends in the use of alcohol, tobacco products, and various types of drugs
- to assess the consequences of drug use and abuse
- to identify groups at high risk for drug abuse.

First conducted in 1971, the NHSDA has become the nation's leading source of information on substance abuse patterns and behaviors. Early on, the study was conducted at various intervals, settling into a pattern of about every two years. The demand for current, accurate information rose sharply by the early 1990s, prompting SAMHSA to conduct the survey annually starting in 1990. In 1992, the design shifted to a quarterly design where one fourth of the cases for the year are contacted and interviewed in each calendar quarter. Beginning in 1999, the sample design was expanded to allow for the reporting of drug use estimates for each of the 50 states and the District of Columbia.

Starting with the 1988 survey, the NHSDA has been conducted by Research Triangle Institute. With each iteration, RTI has revised or implemented new procedures designed to simplify and enhance the data collection process while maintaining the highest level of data quality. Through 1998, the NHSDA was conducted entirely with paper documents, referred to as paper and pencil interviewing (PAPI). With PAPI, the interviewer asked questions and recorded answers in a paper questionnaire, while the answers to more sensitive questions were recorded by the respondent on individual answer sheets. With the development of powerful, yet lightweight, laptop and handheld computers, RTI converted the entire NHSDA to an electronic data collection process.

This conversion occurred over several years, with RTI conducting several field studies to fully test the procedures and equipment. By analyzing data from these tests and listening to suggestions from the field staff involved, the computer programmers and management staff were able to further

enhance and refine the computer programs and procedures prior to the full-scale implementation for the 1999 NHSDA. To assist RTI and SAMHSA in analyzing the effects of converting to computer-assisted interviewing (CAI), during 1999 field staff continued to conduct about 20% of all completed interviews using PAPI.

1.3.2 Current Design for NHSDA

The entire NHSDA data collection process is now conducted electronically. All screenings — which determine who, if anyone, in the household to interview — are completed using a small handheld computer called an Apple Newton MessagePad 2100. Selected respondents are interviewed using CAI on a Gateway laptop computer. Portions of the interview are conducted via computer-assisted personal interviewing (CAPI) where the interviewer asks the questions and records the answers in the computer. The sensitive questions are completed using audio computer-assisted self-interviewing (ACASI), where the respondents listen to the questions and enter their own responses. With ACASI, even you, the interviewer, won't know the responses to these personal questions. Studies repeatedly show that maximizing privacy helps encourage honest, accurate answers and produces high quality data.

For this year's NHSDA, the expected number of completed interviews for the national sample is designed to yield about 17,500 per quarter, for a total of 70,000 interviews. Data collection will continue to take place in all 50 states and Washington, D.C.

1.3.3 Validity Study

While NHSDA procedures encourage honesty and recall accuracy, it is still a self-reporting survey. Since the accuracy of the results depends on the truthfulness and memory of respondents, the extent of under- or over-reporting of drug use is not known. This year, about 200 selected FIs will perform additional tasks for a small number of their selected interviews for the Validity Study. RTI estimates that each of these FIs will conduct about two or three Validity Study interviews each quarter, or about ten per year. This will produce a total of about 2,000 Validity Study interviews during the year.

For the Validity Study, recent drug use will be validated by testing samples of each respondent's hair and urine. Urine is the most common biological specimen collected and tested for drug use. However, most drugs are eliminated from the body within 72 hours of use, so it is only reliable as a test for recent drug use. While more difficult to obtain, hair samples can be tested for drug use during the last six months. Interviewers chosen for the Validity Study will receive additional training on informed consent procedures as well as the actual specimen collection and processing procedures.

The Validity Study component of the NHSDA will contribute valuable knowledge about the authenticity of self-reported data on drug use.

1.4 Data Collection Schedule

With the project's quarterly design, separate groups of households are selected and assigned to a specific quarter of the calendar year. This design requires that **all** screening and interviewing (S/I) activities associated with the selected households be completed by the end of each quarter. **IT IS CRITICAL THAT THESE QUARTERLY DEADLINES BE MET.** There is no room for extension of the deadlines at the end of quarterly data collection periods. The following are key dates in the quarterly data collection project schedule:

Conduct Screening and Interviewing	Start Date	Completion Goal
Quarter 1	≈ January 6	February 29
Quarter 2	April 1	May 31
Quarter 3	July 1	August 31
Quarter 4	October 1	November 30
Clean-Up and Reporting	Start Date	Final Date
Quarter 1	March 1	March 31
Quarter 2	June 1	June 30
Quarter 3	September 1	September 30
Quarter 4	December 1	December 31

Notice that you are to complete most cases within the first eight to nine weeks of each quarter, then use the last few weeks of the quarter for reviewing, verifying, and completing miscellaneous cases. The majority of S/I should be completed prior to these clean-up dates, leaving only a minimum number of cases to be resolved. In some areas, it is possible that only a few FIs will be involved in these clean-up phases. This may result in a cycle where some FIs will work for two months and then have a month with little or no work. It is also possible, however, that completing your assignments early will allow you to assist during the clean-up period in your area or even in other areas if you are interested and available to travel. **Exhibit 1.2**, the Quarterly Data Collection Schedule, provides a more detailed timetable of the quarterly data collection periods for this study. Please review this schedule **CAREFULLY**.

At the conclusion of each data collection quarter, data summaries can be produced for the government based on that quarter's processed data. Therefore, it is essential that segment work be completed within the assigned quarter; completed screenings and interviews received after the end of

Exhibit 1.2 Quarterly Data Collection Schedule

Week	S	M	T	W	T	F	S	
								1
JAN	01	2	3	4	5	6	7	8
	02	9	10	11	12	13	14	15
	03	16	17	18	19	20	21	22
	04	23	24	25	26	27	28	29
FEB	05	30	31	1	2	3	4	5
	06	6	7	8	9	10	11	12
	07	13	14	15	16	17	18	19
	08	20	21	22	23	24	25	26
MAR	09	27	28	29	1	2	3	4
	10	5	6	7	8	9	10	11
	11	12	13	14	15	16	17	18
	12	19	20	21	22	23	24	25
	13	26	27	28	29	30	31	
Mail Lead Letters for QTR 1: 12/29-30, 1999 S/I Training: 1/4-9, 2000 QTR 1 Data Collection: 1/6-2/29, 2000 QTR 1 Clean-up Period: 3/1-3/31, 2000 Week of March 26th: Mail Lead Letters for QTR 2								
APR	01	2	3	4	5	6	7	8
	02	9	10	11	12	13	14	15
	03	16	17	18	19	20	21	22
	04	23	24	25	26	27	28	29
MAY	05	30	1	2	3	4	5	6
	06	7	8	9	10	11	12	13
	07	14	15	16	17	18	19	20
	08	21	22	23	24	25	26	27
JUN	09	28	29	30	31	1	2	3
	10	4	5	6	7	8	9	10
	11	11	12	13	14	15	16	17
	12	18	19	20	21	22	23	24
	13	25	26	27	28	29	30	
QTR 2 Data Collection: 4/1-5/31, 2000 QTR 2 Clean-up Period: 6/1-6/30, 2000 Week of June 25th: Mail Lead Letters for QTR 3								
JUL	01	2	3	4	5	6	7	8
	02	9	10	11	12	13	14	15
	03	16	17	18	19	20	21	22
	04	23	24	25	26	27	28	29
AUG	05	30	31	1	2	3	4	5
	06	6	7	8	9	10	11	12
	07	13	14	15	16	17	18	19
	08	20	21	22	23	24	25	26
SEPT	09	27	28	29	30	31	1	2
	10	3	4	5	6	7	8	9
	11	10	11	12	13	14	15	16
	12	17	18	19	20	21	22	23
	13	24	25	26	27	28	29	30
QTR 3 Data Collection: 7/1-8/31, 2000 QTR 3 Clean-up Period: 9/1-9/30, 2000 Week of September 24th: Mail Lead Letters for QTR 4								
OCT	01	1	2	3	4	5	6	7
	02	8	9	10	11	12	13	14
	03	15	16	17	18	19	20	21
	04	22	23	24	25	26	27	28
NOV	05	29	30	31	1	2	3	4
	06	5	6	7	8	9	10	11
	07	12	13	14	15	16	17	18
	08	29	20	21	22	23	24	25
DEC	09	26	27	28	29	30	1	2
	10	3	4	5	6	7	8	9
	11	10	11	12	13	14	15	16
	12	17	18	19	20	21	22	23
	13	24	25	26	27	28	29	30
	14	31						
QTR 4 Data Collection: 10/1-11/30, 2000 QTR 4 Clean-up Period: 12/1-12/31, 2000								

the quarter **cannot be used. The late data is discarded**, and you do not receive "credit" for these cases. These quarterly deadlines can be achieved with careful planning, diligent work, and follow through with your commitment to the project. Your FS is available to assist you with your work plan, modifying it as necessary as the quarter evolves.

1.5 Project Abbreviations and Terminology

Throughout this manual, and in other project materials, abbreviations are used. As a general aid for you, a list of these abbreviations is provided in **Exhibit 1.3**. Some of the abbreviations and terms used in this manual have exact meanings or refer to specific project materials. These terms are briefly explained in **Exhibit 1.4**, in alphabetical order. Details regarding the use of the terms are located throughout the manual. Be familiar with these terms and use them consistently in your communications with your fellow interviewers and your supervisor.

1.6 Use of Manual

This procedural manual provides a detailed description of the tasks you will be required to complete for all aspects of the NHSDA. Additionally, a separate FI Computer Manual describes the actual computers, their use, and proper care. If you are selected to work on the Validity Study, an additional manual will provide the necessary information for the Validity procedures.

This manual is an excellent source of reference. When searching for information, think about where the topic fits in the flow of work. Consult the detailed Table of Contents and the List of Exhibits. Using the key words shown there will help you narrow down your search. Also included for your use is an index which lists broad topics that are discussed in several chapters.

Adherence to prescribed procedures and duties is extremely important to the success of the study. The manual, including all supplements, should be carefully studied before you attend training, as you prepare for fieldwork, and throughout data collection each quarter.

You may, however, have questions or encounter field situations for which you do not find an answer in this manual. When in doubt about any field situation, contact your FS. If he/she is unavailable and you need an answer immediately, contact the appropriate RS. Names and contact information will be provided at training. Telephone numbers for all Regional Supervisors and other project management staff are listed in **Exhibit 1.5**.

Exhibit 1.3 List of Abbreviations

ACASI	Audio Computer-Assisted Self-Interviewing
ADDED DU	Added Dwelling Unit
CAI	Computer-Assisted Interviewing
CAPI	Computer-Assisted Personal Interviewing
CID	Case Identification Number
C/L	Counting/Listing
DHHS	U.S. Department of Health and Human Services
DU	Dwelling Unit
E-mail	Electronic Mail
FI	Field Interviewer
FS	Field Supervisor
GQU	Group Quarters Unit
HH	Household
HU	Housing Unit
ID	Identification
INS	Immigration and Naturalization Services
NHSDA	National Household Survey on Drug Abuse
PAPI	Paper and Pencil Interviewing
PT&E	Production, Time, and Expense Report
QuestID	Questionnaire ID
R or ®	Respondent
RD	Regional Director
ROC	Record of Calls
RS	Regional Supervisor
RTI	Research Triangle Institute
SAMHSA	Substance Abuse and Mental Health Services Administration
SAMS	Survey Automated Mapping System
S/I	Screening/Interviewing
SDU	Sample Dwelling Unit
SR	Screening Respondent
TFI	Traveling Field Interviewer
TIGER	Topographically Integrated Geographic Encoding and Referencing System
VerifID	Verification ID

Exhibit 1.4 Definitions of Project Terminology

- **Added DU** - a DU discovered in connection with an SDU which was not included on the original List of Dwelling Units in a segment, but should have been.
- **Audio Computer-Assisted Self-Interviewing (ACASI)** - a type of computer-assisted interviewing used to collect information from selected respondents for questions of a sensitive or personal nature. Respondents listen through headphones as the questions are read from computer audio files and enter the answers themselves directly into the computer.
- **CAI Manager** - computer software program developed by RTI programmers for management of questionnaire data on the laptop computer.
- **Case Identification (CID or Case ID)** - a ten-character code that starts with the state abbreviation and uniquely identifies a dwelling unit selected for the study.
- **Case Management** - a broad term used to describe the process of organizing, keeping track of and completing your work in a timely fashion.
- **Computer-Assisted Interviewing (CAI)** - a generic term used to indicate that a computer is used during the interview. It includes CAPI and ACASI (*see definitions*).
- **Computer-Assisted Personal Interviewing (CAPI)** - using a computer, the FI reads the questions displayed on the computer screen to the respondent, then enters the response directly into the computer.
- **Consent** - agreement to participate in a research study given by an adult or by a parent or guardian for his/her child. Giving consent indicates that he/she understands the meaning of, and has agreed to participate in, the study. The consent process used in any research project must be approved by a Human Subject's Committee or Institutional Review Board. When interviewing a minor, you must have parental consent unless the youth is an emancipated minor (*see definition*).
- **Counting and Listing (C/L)** - the process of creating a list of all the dwelling units contained within a segment (a specified land area). This phase has already been completed.
- **Dwelling Unit** - a place where a person or persons could reside. This general term refers to both housing units and group quarters units (*see definitions*).
- **E-Mail** - through the one-way electronic mail program on the Gateway, FIs can receive e-mail messages from supervisors and project management.
- **Emancipated Minor** - a person under the age of 18 who is living on his/her own; that is, not as a dependent of parents or a guardian.

Exhibit 1.4 Definitions of Project Terminology (*Continued*)

- **FormLogic** - the software program used by RTI programmers to develop the Newton screening program.
- **Gateway (Gateway Solo 5100/5150 Multimedia Notebook)** - a laptop computer used for administering NHSDA interviews and collecting data.
- **Group Quarters Unit** - generally, any single living unit within a group quarters structure in which ten or more unrelated persons reside.
- **Householder** - the person or one of the persons in whose name the home is owned or rented. This individual must reside in the SDU for most of the 3-month data collection period.
- **Housing Unit** - a group of rooms or a single room occupied, or intended for occupancy, as separate living quarters.
- **Lead Letter** - an introductory letter you send to each sample dwelling unit that has a mailing address explaining that a Field Interviewer will contact the residents. A very brief summary of the study is included in the letter.
- **Newton (Apple Newton MessagePad 2100)** - a handheld computer used to conduct screenings and for case management (*see definitions*).
- **Nonrespondent** - a person who is eligible and selected for the study but who chooses not to participate.
- **Paper and Pencil Interviewing (PAPI)** - interviews conducted entirely with paper documents where the interviewer asks questions and records answers on a paper questionnaire, while the answers to sensitive questions are recorded by the respondent on individual answer sheets.
- **Production, Time and Expense Report (PT&E)** - a form on which FIs maintain an accurate record of daily production, time and expenses while working on this study. Payment for hours worked and reimbursement of expenses are based on the documentation on this form.
- **Questionnaire ID (QuestID)** - the code that links the interview data to the screening/sample information. The code is displayed on the Newton and entered into the Gateway in order to begin an interview.
- **Record of Calls (ROC)** - a term referring to the Newton program that allows FIs to record details about each and every visit to an SDU. Details include the date and time, the result code, and any important comments.

Exhibit 1.4 Definitions of Project Terminology (*Continued*)

- **Respondent** - a person who is eligible and selected for the study, and who agrees to participate.
- **Result Codes** - two-digit codes used to indicate the current status of each case. These codes are recorded in the Record of Calls in the Newton, sent automatically to RTI with each transmission, and are reviewed with your FS. When compiled into regular reports, these codes provide important information to project managers on the progress of data collection.
- **Sample Dwelling Unit (SDU)** - a dwelling unit that has been randomly chosen for inclusion in the NHSDA.
- **Sampling Frame** - the source of all listed units from which SDUs are selected. For NHSDA, we use an area frame where all dwelling units within a specified land area (segment) are listed and then certain units from that list are randomly chosen (sampled) to be contacted about the study.
- **SAMS** - Survey Automated Mapping System is the program used by RTI statisticians and mapping experts to produce the sets of maps provided to locate each SDU.
- **Screening** - the process of determining whether an SDU contains any eligible persons and if any of those eligible are selected to be interviewed.
- **Screening Respondent (SR)** - the person who answers the screening questions.
- **Segment** - a relatively small, well-defined area of land.
- **Transient** - Shelters and missions provide lodging for transient persons who have no other permanent place of residence. Transient residents of a selected shelter are eligible for the NHSDA. Overnight hotels, motels, or even hospitals provide temporary shelter for guests who have other homes. These transient structures are not included in NHSDA.
- **Transmit** - a process where information and data are sent from one computer to another over telephone lines.
- **Verification** - a process in which the quality and accuracy of all NHSDA field work is monitored by the project managers and staff. This process takes place during screening and interviewing and ensures that the data being collected are of the highest possible quality.
- **Verif ID** - the code displayed in the upper-right corner of the Verification form. This number is entered into the Gateway at the end of the interview.
- **Waves** - within each quarter, the selected DUs may be assigned in batches or waves.

Exhibit 1.5 Project Staff Information

Name	Phone No.	Pager	FAX	E-Mail	Building/Room
Regional Supervisors					
RTI Project Management					
Headway Representatives					
Field Services Unit					
SAMPLING/MAPPING OPERATIONS					
Technical Support Group					

REVIEW OF CHAPTER 1

Introduction to the Study

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- You are a Field Interviewer for the NHSDA (National Household Survey on Drug Abuse), hired by Headway, and working for Research Triangle Institute (RTI), a not-for-profit research organization in North Carolina.
- The NHSDA is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) which is part of the U.S. Department of Health and Human Services.
- The NHSDA is the nation's leading source of information on substance abuse patterns and behaviors and is a truly national study. Data is collected from all 50 states and the District of Columbia.
- All data collection on NHSDA is done electronically. Screenings are completed using a handheld computer called the Newton, while interviews are completed using a Gateway laptop computer.
- Data collection on the NHSDA follows a strict quarterly schedule, with the majority of the work being accomplished in the first two months of each quarter.
- FIs must understand many project abbreviations and terminology and use them consistently and correctly with their fellow interviewers and supervisors.
- Details on the FI job and this project are presented in this manual, and it will be a useful tool as you work on this project. If you can not find an answer in this manual, you can call your supervisor for clarification.

QUESTIONS TO ASK YOURSELF

1. What is the purpose of this study?
2. What is RTI?
3. What is the last day that Quarter 2 work can be received at RTI?
4. When should the bulk of your field work be finished in Quarter 1?
5. Define the following terms:

NHSDA

CAI

ACASI

SAMHSA

SDU

FS

PT&E

2. YOUR JOB AS A FIELD INTERVIEWER

2.1 Introduction

Many factors make an NHSDA field interviewer successful. The best interviewers are quick, efficient, and cost-effective without sacrificing response rates or high data quality. The key is to combine your knowledge of NHSDA protocols and procedures with your natural talents, creativity, and social skills. Some general guidelines are:

- follow all procedures and instructions carefully
- know the study
- listen and reply to respondents' needs and concerns
- be convinced of the importance of the survey
- maintain open communication with your supervisor.

Other skills crucial to success are timeliness, organization, attention to detail, and persuasiveness.

This chapter outlines your responsibilities as an FI and shows in general how the above factors come together for a successful and enjoyable NHSDA experience.

2.2 Screening and Interviewing Process

During the screening and interviewing process, you are responsible for the following activities:

- 1) review your assigned segment materials (maps, Selected DU List, etc.)
- 2) prepare and mail a lead letter to each SDU with a mailable address
- 3) locate and contact each sample dwelling unit
- 4) determine that the SDU is a true HU or true GQU, and check for missed dwelling units.
- 5) identify and locate eligible screening respondent (SR) and conduct screening
- 6) if no one is selected for an interview, obtain verification information and thank the screening respondent
- 7) if one or two persons are selected, either begin the interview or obtain appointment information, trying to schedule the interview(s) in the near future
- 8) obtain informed consent from a respondent (and gain permission from a parent/guardian before approaching a youth respondent aged 12-17)
- 9) conduct the interview(s) and obtain verification information
- 10) transmit the data to RTI on a daily basis.

In order to be successful, it is important to plan adequate time for your field visits. This includes travel time to the area, spending at least four hours in the sample areas for screening and interviewing, and travel time home.

Exhibit 2.1 illustrates the basic steps in the screening and interviewing process. Review this exhibit carefully before you continue reading the manual.

2.3 Field Interviewer Responsibilities

Exhibit 2.2 provides a job description for an NHSDA Field Interviewer. A summary of your job responsibilities follows:

- **read this manual carefully and complete the home study exercises and computer tutorial** prior to training
- successfully complete the FI training session
- maintain the confidentiality of all survey data and materials at all times
- prepare and mail lead letters to SDUs
- locate your assignment areas and plan the best travel routes to/from areas
- locate and contact the sample dwelling units obtaining participation of residents
- conduct screenings at sample dwelling units with eligible screening respondents
- conduct interviews with selected respondent(s); as needed, schedule interviews at units with selected respondent(s)
- maintain daily records of your data collection activities
- transmit information to RTI at the end of each day of work
- review the status of cases during telephone conferences with your supervisor, providing detailed information about any problems with pending cases and cases put on hold
- complete and submit to your FS weekly Production, Time, and Expense Reports (PT&Es) and other administrative forms in a timely manner and according to prescribed schedules
- meet or exceed project efficiency targets
- meet or exceed project quality standards.

Exhibit 2.1 Screening and Interviewing Process

1. Review segment materials to locate area and plot the best and most direct travel route to/from the area.
2. Prepare and mail lead letters.
3. Locate and contact selected DU.
4. Determine that the SDU is a true HU or true GQU, and check for missed dwelling units.
5. Is anyone home?
 - No → Try DU later. Complete Record of Calls (ROC) in Newton.
If unit is vacant, not a DU, or only a temporary residence, verify with neighbor or other knowledgeable person. Complete verification information and complete ROC.
 - Yes
↓
6. Is an eligible SR (resident of DU, 18+) available?
 - No → Try to determine a good time to return. Complete ROC.
 - Yes
↓
7. With the SR, complete the household roster and selection process.
8. Any respondents selected?
 - No → Obtain verification information and thank SR. Complete ROC.
 - Yes
↓
9. Can the selected R complete interview now?
 - No → Establish an appointment. Complete ROC, including an entry about the interview appointment.
 - Yes
↓
10. Introduce self, study, and obtain informed consent from respondent. (Obtain parent/guardian consent before approaching a selected youth.)
11. Conduct interview.
12. Complete end of the interview tasks, including verification form.
13. Thank respondent, complete ROC.
14. Transmit data to RTI.

Exhibit 2.2 Job Description for an NHSDA Field Interviewer

FIELD INTERVIEWER JOB DESCRIPTION - General

POSITION DESCRIPTION:

The Field Interviewer (FI) conducts field work for survey research projects conducted by Research Triangle Institute (RTI). FIs prepare for and conduct data collection operations. Field interviewers ensure that field data collection activities are carried out in an efficient and cost effective manner, that the data collected are of the highest possible quality, and that all activities are conducted in a professional manner.

QUALIFICATIONS:

- Available for entire training and data collection period
- Able to successfully complete training
- Reliable personal automobile available for business use
- **Must be** willing to work evenings and weekends on a weekly basis
- Able to keep project information confidential

MAJOR REQUIREMENTS:

- Successful experience with field interviewing activities
- Demonstrated ability to work with supervisor and complete assignments on schedule
- Ability to use maps to locate sample units
- Ability to obtain cooperation of survey respondents by effectively answering questions and addressing concerns
- Ability to conduct personal interviews
- Ability to accurately complete all project documents including electronic survey instruments, and all reporting forms
- Ability to adhere strictly to project deadlines for completing interviews, reporting progress, and returning materials and equipment
- Ability to maintain accurate, up-to-date records of progress in the field
- Ability to submit timely and accurate reports
- Ability to keep supervisor informed of problem areas that might affect progress

Exhibit 2.2 Job Description for an NHSDA Field Interviewer (*Continued*)

FIELD INTERVIEWER JOB DESCRIPTION - Project 7190 National Household Survey on Drug Abuse (NHSDA)

The Field Interviewer (FI) for the NHSDA will be responsible for:

- In-person screening/interviewing of selected households; with the sample distributed over the four calendar quarters (see schedule in Chapter 1).
- Proper administration of a computer-assisted interview (CAI), approximately one hour in length, to selected individuals throughout the four quarters of the data collection period.

TRAINING REQUIREMENTS FOR FIs:

- For FIs who are new to the project: Attend and successfully complete an FI project training session scheduled to last 6-7 days. Additionally, participate in on-the-job training with FS, as needed.
- For FIs who are 1999 NHSDA veterans: Attend and successfully complete a veteran FI project training session scheduled to last 2-4 days.
- Bilingual Spanish-speaking interviewers will be required to review the translated instruments and other procedures unique to bilingual interviewing. This bilingual training session will last approximately an additional day.

REQUIREMENTS FOR SCREENING/INTERVIEWING ACTIVITY:

- Available for approximately 20-25 hours per week to conduct screening/interviewing during field data collection periods.
- Available and willing to work evening and weekend hours as required by your specific assignments.
- Perform field work according to expectations defined in the general FI Job Description (Major Requirements), completing the required number of interviews in the designated FI Region(s) by the end of each quarterly field period.
- Prompt, reliable, and accurate reporting to FS.
- Available for possible overnight travel if remote segments are involved in the assignment area.
- Willingness to conduct validation procedures, including collection of biological samples (i.e., hair and urine).

FOR MORE INFORMATION ABOUT RTI AND THE NHSDA, VISIT OUR WEBSITE AT:

<http://nhsdaweb.rti.org>

2.4 Professional Ethics and Respondents' Rights

Ethics can be broadly defined as a set of moral values or principles of conduct governing an individual or a group. Organizations must show their clients, employees, and the public, a prevailing sense of integrity, honesty, and responsibility in all aspects of work

All survey research conducted by RTI is based on the highest ethical standards. Interviewers are expected to maintain the same professional ethics as all RTI researchers. These standards are taken very seriously! RTI's professional reputation depends upon all employees making the commitment to ethical standards a high priority.

As part of professional ethics, the rights of survey respondents **must** be protected by all RTI personnel. These rights include:

- The right of informed consent refers to the legal requirement that respondents be given complete and accurate information so that they can make an informed decision about their participation in the survey.

To ensure that all RTI studies meet the legal and ethical requirements of informed consent, the RTI Institutional Review Board (IRB) must approve every research project. This board looks very closely at the written introduction to the study to be sure that the respondents are being properly informed.

- The right to refuse refers to an individual's right to decline to participate in the study or to refuse to answer individual questions once an interview has begun.
- The right of privacy is guaranteed by the federal **Privacy Act of 1974**. This Act prohibits the release of data gathered by or for a federal agency without the written consent of the respondent. Fines and penalties apply to individuals or organizations that violate this law. You can explain this to a respondent when trying to gain his or her trust.
- The right to accurate representation requires honesty in dealing with respondents and answering their questions about the survey. For example, you cannot tell the respondent that an interview will take only a few minutes if you know it will last about an hour.

All staff involved in the collection, processing, and analysis of the survey data must be continually aware of the important responsibility to safeguard the rights of the survey participants. Since interviewers are in direct contact with these respondents, you must demonstrate high ethical standards in **all** project contacts.

2.5 Importance of Confidentiality

Much of the data collected during the NHSDA interview are sensitive. You must ask all questions and record all responses in a completely objective and nonjudgmental manner. Be aware of the sensitivity issue and of the need to treat as confidential any and all information you learn about respondents, whether directly from a response you receive or simply through casual observations before, during, or after your visit.

Because of the sensitive nature of the subject matter, the project staff have taken special precautions to protect the confidentiality of the respondents. For one thing, the NHSDA is one of the few surveys where the name of the respondent completing the interview is never recorded. While the respondents' addresses are known, this information is kept separate from the respondents' answers through the use of two different computers. The Newton contains the addresses of selected DUs, but the interview data are collected and stored in the Gateway until transmission to RTI. The link between the demographic data collected in the Newton and the more sensitive data collected in the Gateway can only be made by project staff. Respondents should be reassured that any potentially identifying data, such as their address, are never made available to anyone outside the project staff. Additionally, their individual responses are only analyzed in combination with other responses collected nationwide. Finally, the Federal Government has issued a Confidentiality Certificate that authorizes RTI to protect the privacy of individual respondents.

2.6 Adherence to Procedures

At training, you will be asked to sign a Data Collection Agreement (shown in **Exhibit 2.3**). By signing, you are entering into a contractual agreement that you will keep confidential all data you collect. It also certifies that you will carry out all project procedures precisely as they are presented in this manual and at training. It is **very** important that you understand and agree to this policy and understand that failure to comply could result in the termination of your employment with Headway Corporate Staffing Services as an FI on the NHSDA. If you have any questions regarding this policy, discuss them with your supervisor prior to making arrangements to attend training.

2.7 Performance Expectations

The data collection effort is vitally important to the success of any research study. Data collection procedures are standardized to maximize the quality of the data. We are depending on you to follow the procedures described in this manual. It is equally important to conduct data collection activities efficiently to ensure the study is completed within budget and schedule constraints.

The time and mileage spent while traveling to and from sample dwelling units is one of the major costs in any field survey. Keep travel to a minimum by carefully planning your route, the order in which you conduct your work, and the amount of time you spend in the assignment area.

Another time saver (and one that gains optimal cooperation from selected respondents) is conducting activities efficiently while at the sample dwelling unit. If you are thoroughly familiar with

Exhibit 2.3 Data Collection Agreement

HEADWAY

CORPORATE STAFFING SERVICES

DATA COLLECTION AGREEMENT

Project Name: NHSDA

Project No.: 7190

I, _____, an employee of Headway Corporate Staffing Services, agree to provide field data collection services for the benefit of Research Triangle Institute (RTI) in connection with the RTI Project shown above. Further, I

- a) am aware that the research being conducted by RTI is being performed under contractual arrangement with: Substance Abuse and Mental Health Services Administration _____;
- b) hereby accept all duties and responsibilities of performing specified data collection tasks and will do so personally in accordance with the training and guidelines provided to me. At no time will I engage the services of another person for the purpose of performing any data collection tasks for me without the prior written approval of RTI;
- c) agree to treat as confidential all information secured during interviews or obtained in any project-related way during the period I am providing services to RTI;
- d) agree to treat as confidential and proprietary to RTI any and all survey instruments, materials, and documentation provided or accessed during the course of my service on this project;
- e) am aware that the survey instruments completed form the basis from which all the analysis will be drawn, and therefore, agree that all work for which I submit invoices will be of high quality and performed in compliance with all project specifications;
- f) fully agree to conduct myself at all times in a manner that will obtain the respect and confidence of all individuals from whom data will be collected and I will not betray this confidence by divulging information obtained to anyone other than authorized representatives of RTI; and
- g) understand that my obligations under this agreement will survive the termination of any assignment with RTI and/or my employment by Headway Corporate Staffing Services.

Employee's Signature

Date

Disposition: Original to RTI, Yellow to Headway Corporate Staffing Services, Pink retained by employee.

4/97

the study procedures, you can complete your activities quickly without sacrificing accuracy. Be prepared, have the necessary equipment and materials, and be organized. You must also be very comfortable with explaining the purpose of the study and how the information gathered will be used. The established criteria used to rate an FI's performance are presented in **Exhibit 2.4**.

Use your supervisor as a resource to discuss unusual situations, review standardized procedures, or to answer questions about any aspect of the study. This will ensure that the study is being conducted in the same way by all interviewers.

RTI has in place a program of **Continuous Quality Improvement (CQI)** for the field staff. In CQI, the aim is to continually support you and improve your work while keeping errors to a minimum. The objectives of this program are four-fold:

- to increase screening and interviewing response rates
- to reduce field costs while maximizing data quality
- to provide FIs with the tools and support they need to strengthen their interviewing skills and abilities
- to monetarily reward and recognize FIs who contribute to reaching gains in performance.

To achieve these project objectives, NHSDA created the **TEAM (Together Everyone Achieves More)** incentive program. Each group of FIs who report to the same FS have an opportunity to earn rewards based on performance, willingness to work to meet objectives and willingness to cooperate with others in the group. The **TEAM** program has helped RTI increase communication with and support of the field staff and appropriately reward top performers.

2.8 Materials, Supplies and Equipment

Appendix A contains an inclusive list of materials, supplies and equipment you will use to conduct the NHSDA. Adequate quantities of materials and supplies are sent to you prior to your data collection activities. You must use the correct and official NHSDA materials for each interview. Be sure to monitor your level of supplies for upcoming work. If you require additional supplies, contact your supervisor. Descriptions of the purpose and use of each item can be found throughout the manual.

Exhibit 2.4 FI Performance Criteria

Knowledge of Data Collection Techniques - Information and skills concerning work duties that an individual should know for satisfactory job performance; ability to perform professional work in a versatile and creative manner.

Adherence to Deadlines - Consistently meets deadlines set for production and for submission of administrative forms.

Response Rates - Maintains satisfactory response rates as defined by project expectations with consideration given to unusual site-specific circumstances beyond the control of the field interviewer.

Communication - Keeps supervisor adequately informed of progress and problems. Communicates effectively orally and in writing.

Productivity - Completes expected quantities of work. Plans and organizes workload effectively.

Quality of Work - Completed work is accurate.

Dependability - Ability to do required jobs well with a minimum of supervision. Consistently works the expected number of hours and keeps appointments for conference calls and interviews. Adaptable to unanticipated changes in procedure or assignment.

Conversion Skills - Demonstrates satisfactory skills in converting hesitant and uncooperative respondents.

Judgment - Soundness of decisions in terms of weighing facts, past practice and theory where applicable, especially in the absence of detailed instructions or in unanticipated situations.

Cost Efficiency - Productivity relative to costs incurred for wages and expenses, given project expectations and considering unusual site-specific circumstances beyond the field interviewer's control.

REVIEW OF CHAPTER 2

Your Job as a Field Interviewer

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- Successful field interviewers on the NHSDA work efficiently and cost-effectively without sacrificing response rates or high data quality.
- Screening and interviewing on the NHSDA is a multi-step process which demands that you follow all procedures and protocols.
- Your responsibilities on this study are substantial. They cover such diverse tasks as locating your assignment area, contacting sample dwelling units, obtaining resident participation, and transmitting information to RTI. The first component of your responsibilities is to read this manual carefully and complete your home study exercises prior to training.
- It is a requirement of this job that you work at least 20-25 productive hours each week during field data collection periods. You must be available and willing to work on week nights and weekends.
- NHSDA research is based on the highest ethical standards. It is your job to protect the rights and confidentiality of our survey respondents.

QUESTIONS TO ASK YOURSELF

1. What is the first step of the screening and interview process?
2. List five of your job responsibilities.
3. How many hours must you commit to this project each week?
4. What time periods during the week are your most productive working hours?
5. What are the four basic rights of survey respondents?
6. Answer these true/false questions:
 - T F During the screening, you will ask the name of the respondent.
 - T F If a respondent has already started the interview, they are not allowed to refuse an individual question.
 - T F I am not allowed to interview a youth before I have obtained consent from a parent or guardian.

3. LOCATING SAMPLE DWELLING UNITS

3.1 Introduction

RTI statisticians are responsible for selecting the sample dwelling units (SDUs) to be contacted. For the NHSDA, over 200,000 sample dwelling units (SDUs) have been selected throughout the entire United States.

3.1.1 Definitions

What is a Dwelling Unit, or DU? If you think of all the types of places a person could reside, those residences are called *dwelling units*. Examples of dwelling units include the most common type, housing units (apartments, homes, trailers, condos), as well as individual units within group quarters structures (college dormitories, homeless shelters, convents). Other types of homes which are **not** included in the NHSDA sample are military housing (barracks, ships), various residential institutions (nursing homes, prisons), and some transient living quarters (hospitals, overnight hotels).

For the purposes of the NHSDA, we define dwelling units as housing units *and* group quarters units. When we refer to a DU, the procedure being discussed applies to **both** housing units and group quarters units. Any procedures that apply only to one type of unit will be clearly specified. Brief definitions of the three terms follow:

- **dwelling units** (DUs) - a generic term referring to both housing units and group quarters units
- **housing units** (HUs) - a group of rooms or a single room occupied or intended for occupancy as separate living quarters
- **group quarters units** (GQUs) - generally, any single living unit within a group quarters structure in which ten or more unrelated persons reside.

More detailed definitions of HUs and GQUs are provided in **Sections 3.4.1** and **3.4.2**.

3.1.2 Overview of the Sampling Process

An area probability sample design has been used to select the sample dwelling units needed for the NHSDA. Land areas and dwelling units were scientifically selected using Census Bureau estimates of population and housing unit counts to ensure the sample represents the United States' population.

The NHSDA's 7,200 sample **segments** (with boundaries usually defined by surface features such as streets, railroad tracks, and rivers) were selected across all of the 50 states and the District of Columbia. For this survey, the states have been divided into FI Regions, with 48 regions in each of the eight most populated states (CA, TX, FL, NY, OH, PA, MI, IL), and 12 regions in each of 42 states and the District of Columbia, for a total of 900 FI Regions. Eight segments were selected in each FI Region, two segments for each of the four quarterly data collection periods.

Once the segments were defined, FIs were assigned to count and list the dwelling units in each of the 7,200 segments. The units were recorded on the List of Dwelling Units and, if applicable, the Group Quarters Listing Form. Information on these forms identifies an address or description for each housing unit and group quarters unit located within the boundaries of the segment. From these listings, specific HUs and GQUs have been selected from each segment. These selected HUs and GQUs are called sample dwelling units (SDUs) and make up your assignment in the segments you will be working.

As an FI, you are responsible for the final steps of the sampling process:

- 1) inspecting your segment materials
- 2) locating the segment and the designated SDUs
- 3) determining that each SDU is either a true HU or GQU
- 4) checking for missed HUs and GQUs.

These steps are explained in detail in this chapter.

3.2 Inspecting the Segment Materials

For each segment in your assignment, you will receive a 9" x 12" white envelope titled "Segment Materials Envelope," containing materials for the segment. Printed in the upper left corner of the envelope is "Project 7190, NHSDA." This envelope contains the materials listed in **Exhibit 3.1**.

Each quarter, each FI Region will have two segments — one from the prior year, only with different households selected, and one new segment.

During the year 2000, two slightly different packets will be in use as revised counting and listing materials are phased in for NHSDA. Most revisions are slight and were implemented to simplify and standardize the process for the counting and listing staff: for example, the headings on the various listing forms have been standardized. There are other differences you may notice. For example, the locator maps are called TIGER maps on the 1999 listings but are called SAMS maps on the 2000 listings. While the label is different, the map sets are still used to identify and locate the segment and its precise boundaries. The envelope also has some differences which will be explained in **Section 3.6**. The exhibits shown in this chapter match the 1999 forms.

Exhibit 3.1 Contents of Segment Materials Envelope

MAP SET

- County Locator Map
(**Exhibit 3.2**) ...is used to determine the general location of the segment within the county; the census tract(s) containing the segment will be shaded. (A census tract is a land area with a population of about 4,000 that has identifiable boundaries on all sides.)
- Census Tract Locator Map
(**Exhibit 3.3**) ...shows the location of that tract(s) within the county, as well as the segment's location. Specific roads (boundaries of the tract(s)) are labeled to assist in locating the general "neighborhood."
- Segment Locator Map
(**Exhibit 3.4**) ...shows the actual segment boundaries within the tract(s); again, the segment is shaded. (The meaning of the symbols used for designating the different types of segment boundaries will be found in the legend of the Segment Locator Map only.)
- Block Listing Map(s)
(**Exhibit 3.5**) ...used to locate the actual dwelling units in the segment which have been selected for screening and possibly interviewing. Depending on the size of the segment, this may be one or more pages. You may also have a Zoom map, which is an enlargement of a specific area on a Block Listing Map. If certain streets are too close together on the map to allow the lister to accurately record the location of each SDU, a Zoom map enlarges the area so the precise location can be noted. There may be one or more pages of Zoom maps, labeled Zoom 1 of 3, Zoom 2 of 3, etc.

COMPUTER GENERATED FORM LISTING ALL SDUs FOR THE SEGMENT

- Selected DU List
(**Exhibit 3.6**) ...lists all selected HUs and GQUs as well as each next listed line in the segment. (Selected lines are shaded, the next listed lines are unshaded.)

ORIGINAL COUNTING AND LISTING MATERIALS

- List of Dwelling Units
(**Exhibit 3.7**) ...original hand-written list of DU addresses and/or descriptions
- Segment Information Sheet
(**Exhibit 3.8**) ...contains helpful comments about the segment made at the time of listing
- Group Quarters Listing Form
(**Exhibit 3.9**) ...original list of up to 30 group quarters units
- Group Quarters Continuation Listing Form (**Exhibit 3.10**) ...continuation for a structure with more than 30 GQUs (if necessary)
- Within-Structure Floor Sketch Sheet (**Exhibit 3.11**) ...sketch, included if necessary, showing layout that corresponds to the way the GQUs were listed

Exhibit 3.2 County Locator Map

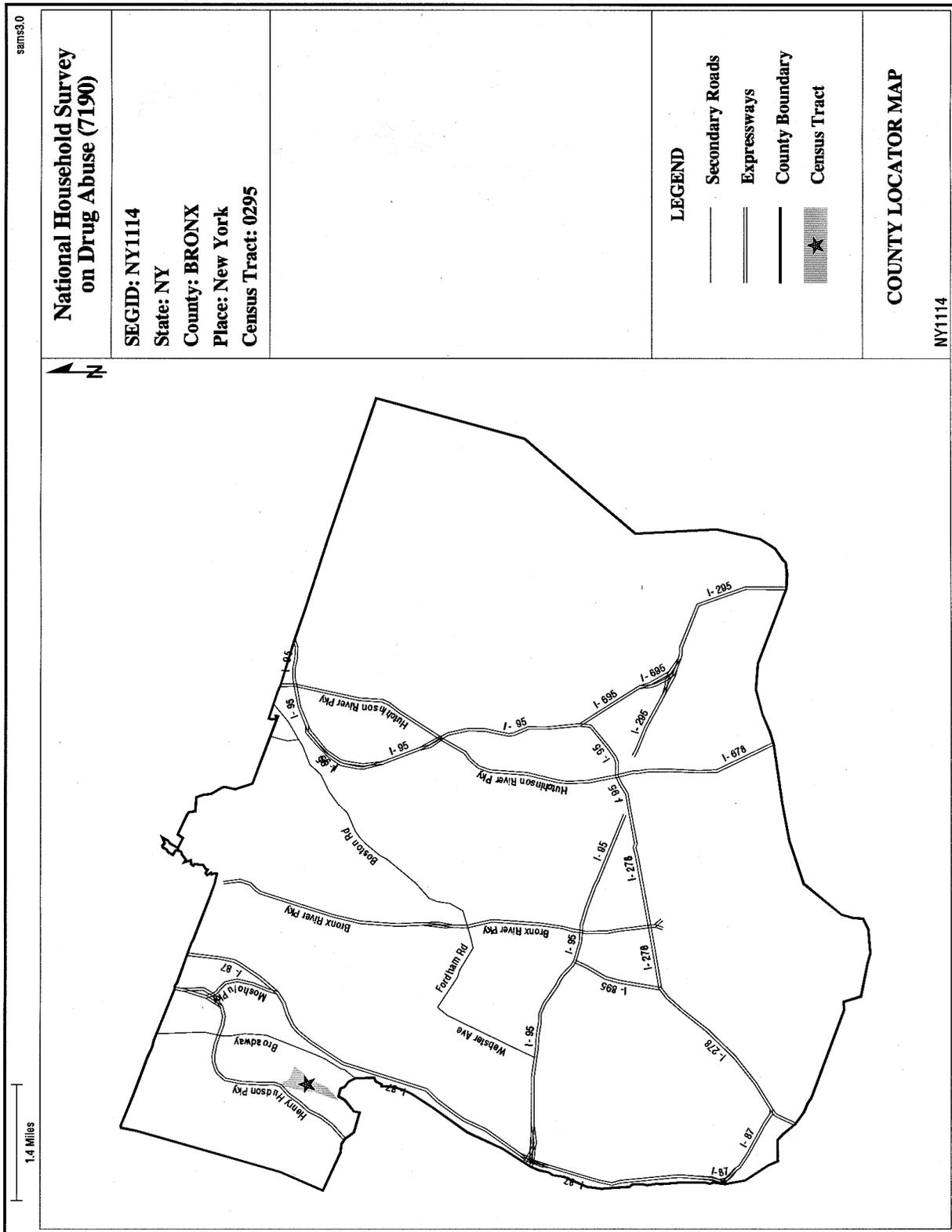


Exhibit 3.3 Census Tract Locator Map

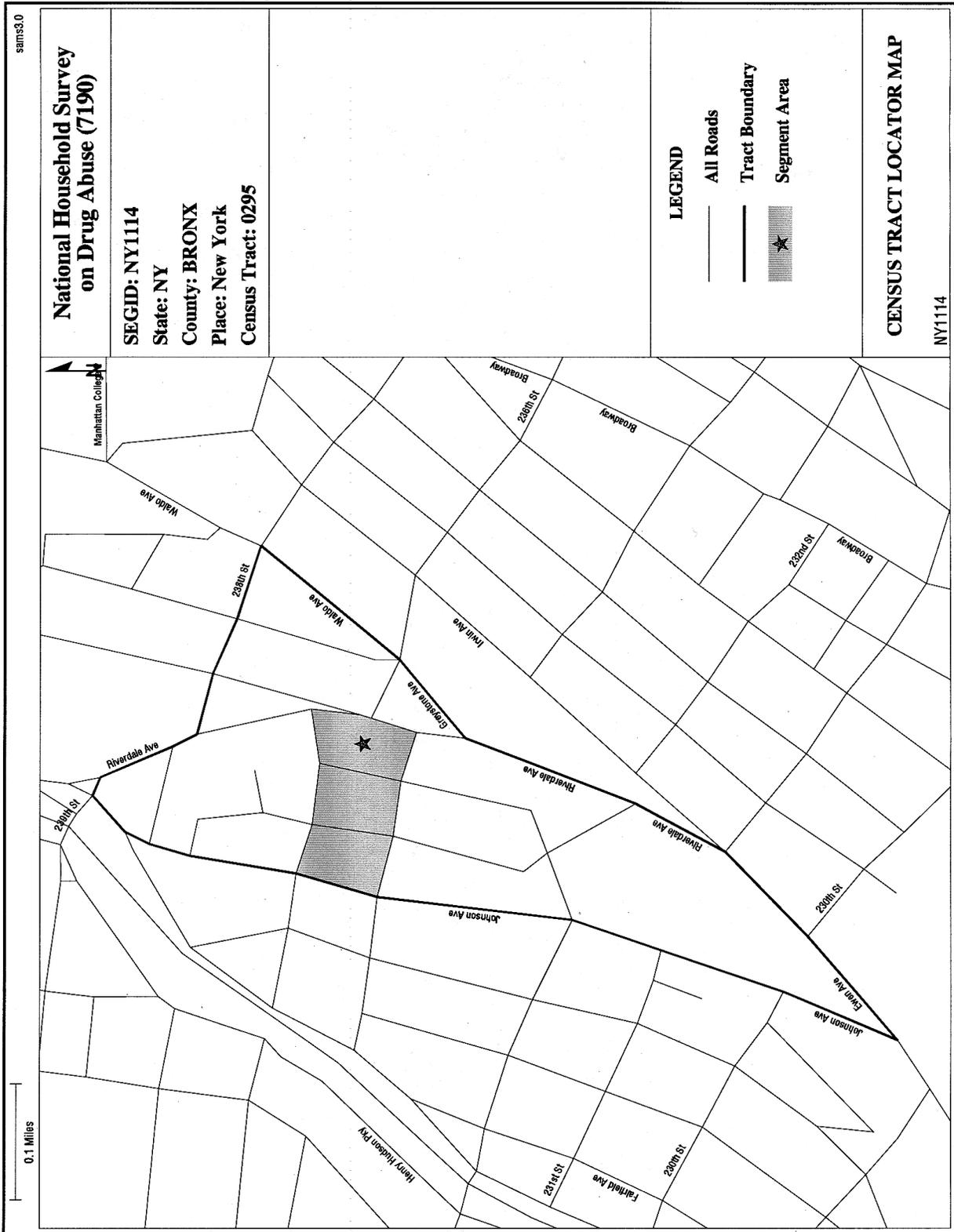


Exhibit 3.4 Segment Locator Map

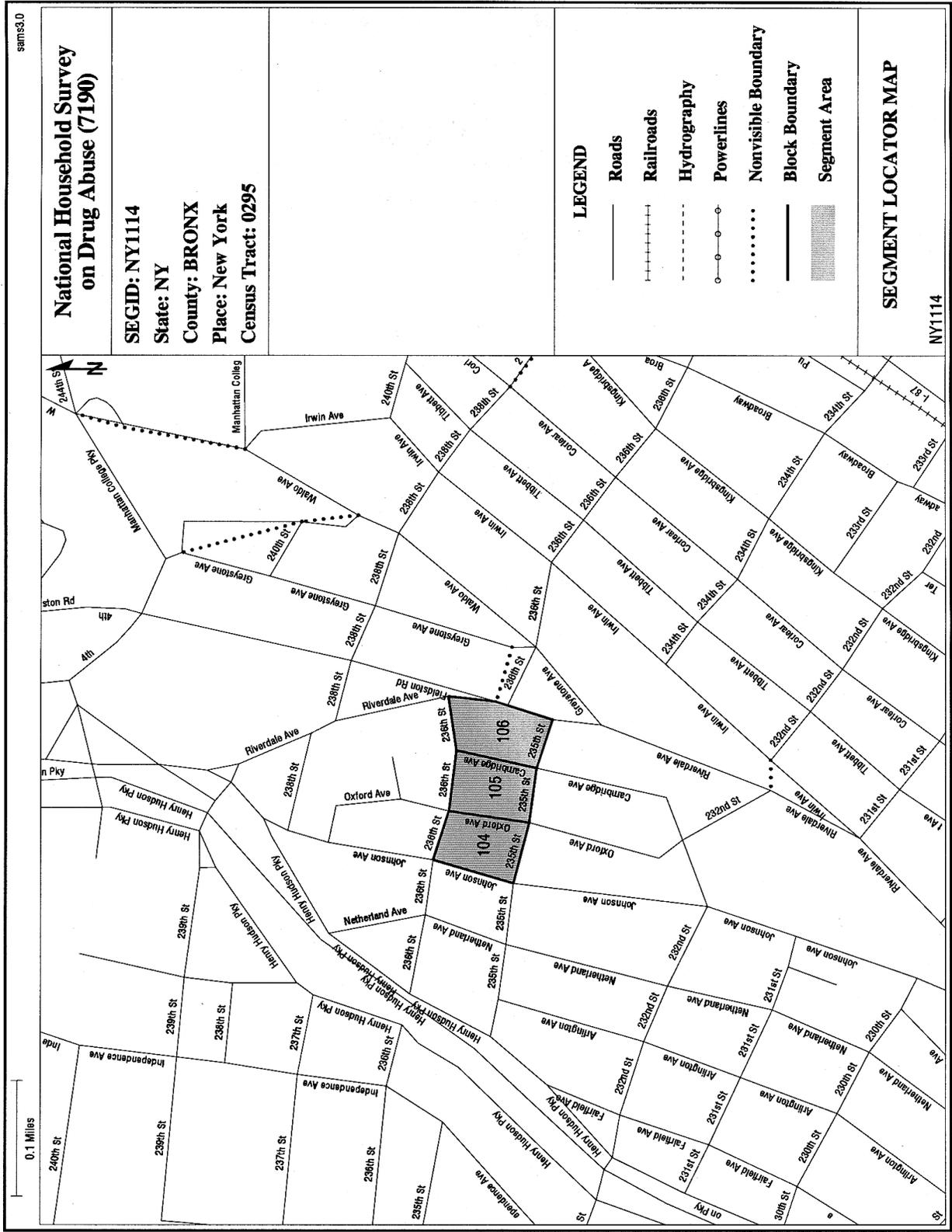


Exhibit 3.5 Block Listing Map

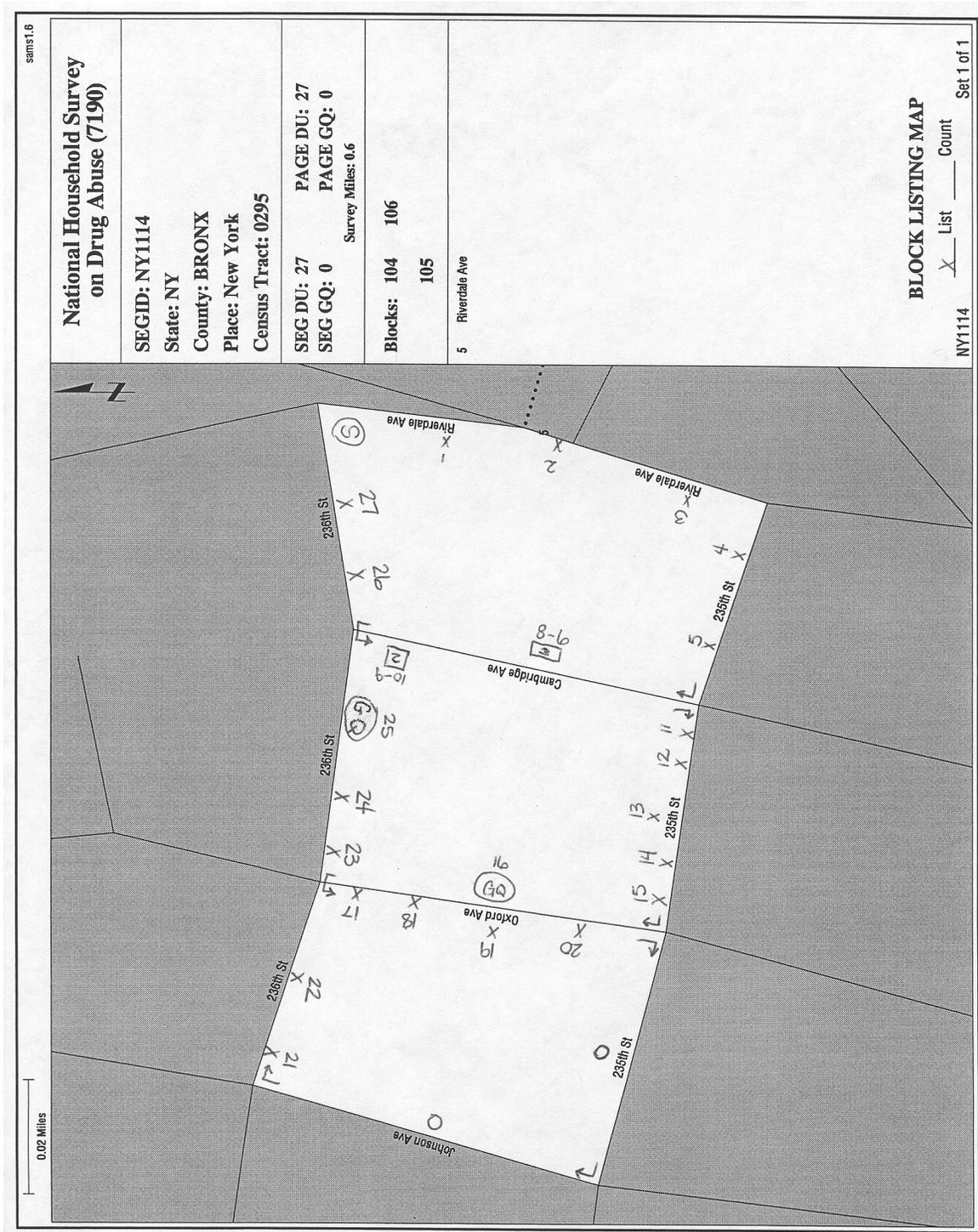


Exhibit 3.6 Selected DU List

National Household Survey on Drug Abuse Selected Dwelling Unit List *Quarter 1*

Date: 11/17/1999
Page 1 of 1

Segment ID: NY1114
 Number of Selected HUs: 6
 Number of Selected GQUs: 2
 City: New York State: NY Zip: 12345

Map Page	DU Type	DU Indicator and Line#	Street#	Street Name/Description of DU	Apt#	GQ Structure#	Partition #
1	HU	0001		RIVERDALE AVE 1 STY WH FRM BRK			1
1	HU	0002		RIVERDALE AVE BRK SPL 2-CAR GA			
1	HU	0003		RIVERDALE AVE CDR SDG FULL FRO			2
1	HU	0004	913	235TH ST			
1	HU	0008	908	CAMBRIDGE AVE	C		1
1	HU	0009		CAMBRIDGE AVE STUCCO SPNTL RF	RFT		
1	HU	0012	943	235TH ST.			1
1	HU	0013	947	235TH ST.			
1	HU	0014	951	235TH ST.			1
1	HU	0015	955	235TH ST.			
2	Check empty map page(s) for missed DUs: page 2						
3	HU	0020	1111	OXFORD AVE			2
3	HU	0021	1030	236TH ST.			
3	SHELTER	A003	910	236TH ST.	3	0025	1
3	SHELTER	A004	910	236TH ST.	4	0025	
3	SHELTER	A019	910	236TH ST.	19	0025	3
3	SHELTER	A020	910	236TH ST.	20	0025	

Note: Selected Lines are Shaded

Total Pages: 1

Exhibit 3.7 List of Dwelling Units

Special Codes: MB=Military Base Civilian Housing
GQ=Group Quarters

Project 7190
NHSDA

LIST OF DWELLING UNITS

PAGE 1 of 2

SEGMENT ID: NY1114

LISTED BY: Jane Doe

DATE LISTED: 10 / 2 / 98

FI ID NO: 123456

1	1A	2	3	4	5	6	7
Line #	Spec Code	Office Use	Street No.	Street Name	Apt. No.	Dwelling Unit Description	Apt. Loc.
1				Riverdale Avenue		1sty. wh. frn. brk fen	
2				↓		brk. spl. 2-car gar.	
3				↓		cdr. sdg. full front pch	
4			913	235th Street			
5			915	↓			
6			908	Cambridge Avenue	A		
7			↓	↓	B		
8			↓	↓	C		
9				↓		stucco spntl. rf	FRT
10				↓		↓	RE
11			939	235th Street			
12			943	↓			
13			947	↓			
14			951	↓			
15			955	↓			
16	GQ		1100	Oxford Avenue		State Univ.	
17			1117	↓			
18			1115	↓			
19			1113	↓			
20			1111	↓			

City/Town New York ST NY ZIP 12345 DU 1 - 20

City/Town _____ ST _____ ZIP _____ DU _____ - _____

City/Town _____ ST _____ ZIP _____ DU _____ - _____

Checked by: _____

Exhibit 3.7 List of Dwelling Units (Continued)

Special Codes: MB=Military Base Civilian Housing
GQ=Group Quarters

Project 7190
NHSDA

LIST OF DWELLING UNITS

PAGE 2 of 2

SEGMENT ID: NY1114

LISTED BY: Jane Doe

DATE LISTED: 10 / 2 / 98

FI ID NO: 123456

1	1A	2	3	4	5	6	7
Line #	Spec Code	Office Use	Street No.	Street Name	Apt. No.	Dwelling Unit Description	Apt. Loc.
21			1030	236 th Street			
22			1020				
23			950				
24			930				
25	GQ		910			Salvation Army Shelter	
26			904				
27			902	↓			
8							
9							
0							
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

City/Town New York ST NY ZIP 12345 DU 21 - 27

City/Town _____ ST _____ ZIP _____ DU _____ - _____

City/Town _____ ST _____ ZIP _____ DU _____ - _____

Checked by: _____

Exhibit 3.8 Segment Information Sheet

Project 7190
NHSDA

SEGMENT INFORMATION SHEET

SEGMENT ID NY 1114 PLACE New York, NY
PREPARED BY Jane Doe DATE 10/2/98

Instructions

Section A of this form provides a brief description of characteristics of the segment that could be helpful to others who may visit or work in the area. In Section B, indicate potentially impassible roads, segment boundary problems, controlled access building information, group quarters information, and other pertinent information. **Completion of this form is mandatory.**

SECTION A

- 1) Directions to DU #1 in segment: West on Cross Bronx, north on Major Deegan, exit S. Henry Hudson Parkway
- 2) Parking: public lot on west side of Cambridge
- 3) Income (CHECK ALL THAT APPLY)
 High Middle Low
- 4) Race/Ethnicity (CHECK ALL THAT APPLY)
 Hispanic Black White
 Other, please specify: _____
- 5) Language Barrier Yes No Maybe
Please specify language(s): _____
- 6) Type of Structures in segment: (CHECK ALL THAT APPLY)
 Single Family Multi-Family Group Quarters
 Other, please specify: _____
- 7) Manager's/Helpful Person's Name: n/a -
Address: _____
Telephone: _____
- 8) Convenient Public Building: McDonald's across from dorm on Oxford
- 9) Significant Intersection or Landmark in Segment (if applicable): _____

SECTION B - NOTES

- pleasant, quiet area
- group quarters are Salvation Army Shelter and dormitory

Exhibit 3.9 Group Quarters Listing Form

(FOR OFFICE USE ONLY B)

Project 7190
NHSDA

GROUP QUARTERS LISTING FORM GQ LINE NO. <u>25</u> (from List of Dwelling Units)	Segment ID: <u>NY1114</u> Page <u>1</u> of <u>1</u> Listed by: <u>Jane Doe</u> FI ID No. <u>123456</u> Date Listed: <u>10/2/98</u>
INSTRUCTIONS: This form is to be completed for each group quarter (GQ) identified and located within the sample segment. If continuation pages are required for listing, use a Group Quarters Continuation Listing Form. Submit completed forms with the original listing materials for the segment or as otherwise instructed.	
I. IDENTIFICATION	II. LISTING INFORMATION
A. Name of Group Quarters: <u>Salvation Army Shelter</u>	A. Were any housing units listed that are associated with these group quarters: <input type="checkbox"/> Yes (Complete IIB) <input checked="" type="checkbox"/> No (Go to IIC)
B. Address (Number and Street): <u>910 236th Street</u>	B. Enter, from the List of Dwelling Units, the line number(s) of housing units associated with these group quarters: _____
C. City, State, and ZIP: <u>New York, NY</u>	C. Manager, landlord, or other knowledgeable person to contact: Name: <u>John Smith</u> Title: <u>Administrator</u> Telephone: <u>(212) 555-5555</u>
D. Type of Group Quarters: <input type="checkbox"/> College Dorm <input type="checkbox"/> Boarding House <input checked="" type="checkbox"/> Shelter <input type="checkbox"/> Half-Way House <input type="checkbox"/> Other _____	D. Check the units listed or to be listed: <input type="checkbox"/> Rooms <input checked="" type="checkbox"/> Beds <input type="checkbox"/> Individuals E. Enter the number of listing units in the GQ: <u>25</u> <input checked="" type="checkbox"/> Exact Number <input type="checkbox"/> Approximate Number

III. LIST OF UNITS

Line No.	Description of Unit	No., Ltr., or Loc.	Line No.	Description of Unit	No., Ltr., or Loc.
1	Bed	1	16	Bed	16
2		2	17		17
3		3	18		18
4		4	19		19
5		5	20		20
6		6	21		21
7		7	22		22
8		8	23		23
9		9	24		24
10		10	25	↓	25
11		11	26		
12		12	27		
13		13	28		
14		14	29		
15	↓	15	30		

COMMENTS: (Enter on back of form.)

Exhibit 3.10 Group Quarters Continuation Listing Form

(FOR OFFICE USE ONLY _____)

Project 7190
NHSDA

<p style="text-align: center;">GROUP QUARTERS CONTINUATION LISTING FORM</p> <p style="text-align: center;">GQ LINE NO. _____</p> <p style="text-align: center;">(from List of Dwelling Units)</p>	<p>Segment ID: _____ Page ____ of ____</p> <p>Listed by: _____ FI ID No. _____</p> <p>Date Listed: ____ / ____ / ____</p>
<p>INSTRUCTIONS</p> <p>This form is to be completed for each group quarter (GQ) that exceeds 30 listed units. Number the line numbers starting with line 31 until the end of the listing. Submit completed forms with the original listing materials for the segment or as otherwise instructed.</p>	

III. LIST OF UNITS

Line No.	Description of Unit	No. Ltr., or Loc.	Line No.	Description of Unit	No., Ltr., or Loc.
1			6		
2			7		
3			8		
4			9		
5			0		
6			1		
7			2		
8			3		
9			4		
0			5		
1			6		
2			7		
3			8		
4			9		
5			0		
6			1		
7			2		
8			3		
9			4		
0			5		
1			6		
2			7		
3			8		
4			9		
5			0		

COMMENTS: (Continue on back of form.)

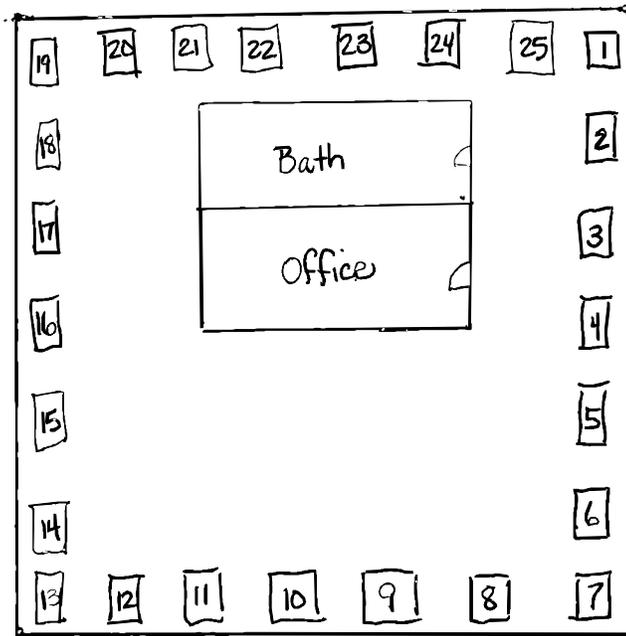
Exhibit 3.11 Within-Structure Floor Sketch Sheet

Project #: 7190

Page: 1 of 1

WITHIN-STRUCTURE FLOOR SKETCH SHEET

DU line No. <u>25</u> (From List of Dwelling Units)	Segment ID <u>NY 1114</u>
Floor <u>1 (one story)</u>	Listed by <u>Jane Doe</u>
	FI ID No <u>654321</u>
	Date Listed <u>10 / 2 / 98</u>



The label on the front of the Segment Materials Envelope identifies the segment number and the quarter in which the segment is to be worked. Since the NHSDA is implemented on a quarterly basis, each SDU must be contacted in the quarter for which it was selected. The color of the label on the envelope will assist you in organizing your materials.

<u>Designated Quarter</u>	<u>Segment Kit Label Color</u>
First	Green
Second	Blue
Third	Yellow
Fourth	Peach

Before any field work is begun, you will need to review all items in the Segment Materials Envelope to familiarize yourself with the location of the segment and the characteristics of the area. When field work is completed, return the envelope and all materials to your FS.

3.2.1 Locator Maps

The Locator Maps provide you with a general idea of the location of the segment by showing the surrounding geographic area. The County, Tract, and Segment Locator Maps are produced using 1990 Census data. Local maps, such as county highway maps or city maps, are sometimes needed to help locate the segment. If necessary, the person listing the segment may have obtained such a map locally. If so, it will be in the segment kit and should be returned with all other segment materials when work has been completed.

3.2.2 Block Listing Map(s)

The Block Listing Map(s) show the precise location of each dwelling unit (DU) within the segment. This detailed map of the segment area was used by the individual who completed the listing to mark the exact location of each DU. Boundary and internal roads or streets and other significant features are clearly identified. Each segment may have one or more Block Listing Maps, depending upon the size and geographic make-up of the segment. The page numbers of the various maps are in the lower right hand corner. When looking at the Block Listing Map illustrated in **Exhibit 3.5**, note the different symbols:

- an "X" for a single HU structure
- a box with a number inside indicating the number of HUs contained in a multi-unit structure
- a circle O with "GQ" inside indicating group quarters.

Also note that the symbols on the sketch are cross-referenced to the List of Dwelling Units with the DU line number above the symbol. For example, an "X" with the number "3" above it on the Block Listing Map represents the location of the HU listed as line 3 of the List of Dwelling Units (see **Exhibit 3.7**); a circled "GQ" with the number "25" above it represents the location of the group quarters structure listed as line 25.

At times, it may have been difficult for the person who did the listing to fit several individual "Xs" on the map, especially if they are close together. In these cases, you may find a row of single family homes designated by two "Xs" connected by a bar with the corresponding line numbers printed above as in this example:

37----12.
X----X

In some instances, the Block Listing Map(s) did not give the lister adequate room to accurately record the DU locations. If so, Zoom maps are usually included. A Zoom map is an enlargement of a crowded or illegible area of a Block Listing Map. By following the numbering sequence of DUs, you can determine where the lister switched from the Block map to the Zoom map. Sometimes a Zoom map was not used and the lister created a sketch on a Block Listing Map Enlargement Form. Throughout the rest of this chapter, a reference to a Block Listing Map implies the inclusion of any enlargement sketches or Zoom maps.

The Block Listing Map is an important aid in identifying sample dwelling units (SDUs). Become familiar with it before beginning work in your assigned segment. Carry it at all times for reference to ensure you are properly identifying SDUs.

3.2.3 Selected Dwelling Unit (DU) List

Although all DUs in a segment are listed on the original List of Dwelling Units, only certain ones have been selected for you to contact for NHSDA screening. These selected DUs are printed on the Selected DU List (**Exhibit 3.6**) in the grey shaded lines. Note that also listed on this form is the address or description of each DU immediately following the selected DU (the need for this will be explained later in this chapter).

The Selected DU List provides a complete list of housing units and group quarters units selected in a segment. The SDUs are listed in numerical order by address or, if an address was not obvious, a description allowing you to identify the structure. On the computer-generated list, only a portion of the description may appear. In some instances, you may need to refer to the original List of Dwelling Units (**Exhibit 3.7**) for a complete description. A list of abbreviations that might have been used in this description is shown in **Exhibit 3.12**.

Exhibit 3.12 Common Counting/Listing Abbreviations

<u>COLORS</u>	<u>DIRECTION/ORIENTATION</u>	<u>ARCHITECTURE/BUILDING STYLE</u>
BG Beige BK Black BL Blue BR Brown DK Dark GR Gray GN Green LT Light MED Medium OR Orange PK Pink RD Red TN Tan WH White YL Yellow	ABV Above ACR Across ADJ Adjacent BCK Back BEH Behind BTWN Between BTM Bottom E East FRT Front L Left N North NE Northeast NW Northwest RE Rear R Right S South SE Southeast SW Southwest W West	APT Apartment CPCD Cape Cod CLNL Colonial CONDO Condominium CNTP Contemporary DBLWID Doublewide DPX Duplex RCH Ranch RF Roof SPL Split Level TRAD Traditional TRLR Trailer TRANS Transitional
<u>ADDRESSES</u>	<u>STRUCTURE/MATERIALS</u>	<u>TYPES OF ROOFS:</u>
ADD Address ALY Alley APT Apartment AVE Avenue BLK Block BLVD Boulevard BLDG Building CIR Circle CT Court DRWR Drawer DR Drive HWY Highway JCT Junction LN Lane PKWY Parkway PL Place PT Point PO Post Office (Box) RD Road RTE Route ST Street TER Terrace WAY Way	ALUM Aluminum BRK Brick BRNSTN Brownstone CDR Cedar CBLK Cement Block CEM Cement LOG Log RCK Rock SDG Siding STN Stone STU Stucco VNY Vinyl	FLT Flat GBL Gable GMBR Gambrel HIP Hip MNSD Mansard SHGL Shingle SPNTL Spanish Tile TIN Tin

Exhibit 3.12 Common Counting/Listing Abbreviations (*Continued*)

<u>OTHER/GENERAL</u>			
ATT	Attached	GRV	Gravel
BSMT	Basement	GRND	Ground
BUS	Business	HSE	House
CPT	Carport	LG	Large
CG	Cattleguard	MBX	Mailbox
CHNLNK	Chainlink	MID	Middle
CHMY	Chimney	MI	Mile
CHUR	Church	PKT	Picket
COL	Column	PCH	Porch
COR	Corner	PVT	Private
CO	County	RR	Railroad
DB	Doorbell	RSTR	Restaurant
DRMR	Dormer	RM	Room
DBL	Double	SCRN	Screen/Screened
DRWY	Driveway	SHK	Shake
ELCMTR	Electric Motor	SHUT	Shutters
ENT	Entrance	SD	Side Door
EXT	Exit	STR	Store
EXTR	Exterior	STY	Story
FEN	Fence	TR	Trim
FLR	Floor	UC	Under Construction
FDN	Foundation	VAC	Vacant
FRM	Frame	VER	Veranda
FR	From	VEST	Vestibule
GAR	Garage	WIN	Window
GRD	Guard	WD	Wood

Keep in mind the Selected DU List contains all selected DUs for the quarter. Sometimes assigned cases are released in batches or partitions, so that not all SDUs on the Selected DU List are available to be worked. The partition to which each SDU is assigned is indicated in the last column on the Selected DU List. When additional lines do become available, your FS will tell you and you will receive the lines on your Newton via a transmission.

If any group quarters were listed in a segment, a blue Group Quarters Listing Form is included in the Segment Materials Envelope. The Group Quarters Continuation Listing Form is included if the group quarters structure contained more than 30 units. The Within-Structure Floor Sketch Sheet will be included only if the description of the unit on the listing form is not sufficient to locate it.

Because screening for the NHSDA is electronic, you will have no need for a paper Record of Calls or any type of contact worksheet. While visiting an SDU, if you need to make any notes that you cannot enter into the Newton, you may do so on the computer-generated Selected DU List. These lists will not be used again.

3.3 Locating the Segment and the Designated SDUs

The general location of a segment and the most efficient route of travel to reach the area should be determined during your careful, advance review of the segment materials. When you arrive at the segment, first double check that you have identified and located the precise boundaries of the area, that the proper area was listed, and that it was listed correctly. Referring to the locator maps, Block Listing Map, and Selected DU List, check to be sure that you are in the exact area and that the lister correctly identified the area.

If you determine that the wrong area has been listed, if there are serious omissions or inaccuracies in the listing, or if there are significant changes to the area (such as a new subdivision or apartment building), do not proceed any further. Call your Field Supervisor immediately.

3.3.1 Housing Units

Once you are in the exact segment location, you will begin identifying and contacting only designated Sample Dwelling Units (SDUs). In most cases, you will be able to find them with little difficulty by using the Block Listing Map and the Selected DU List. In some cases, however, you will have to check more thoroughly and refer back to the original List of Dwelling Units. For example, if you were using the map and list shown in **Exhibits 3.5 and 3.6**:

- HU #1 -- One story white frame house on Riverdale Avenue. When you arrive at the segment and locate the corner of Riverdale Avenue and 236th Street, you do not see a white frame house. There is, however, a yellow frame house facing Riverdale Avenue a short distance from the corner, as indicated on the Block Listing Map. Checking around the corner of 236th Street, you find a house in the position indicated for HU #27

on the map. The next house south of the yellow frame house on Riverdale Avenue is a brick split-level house with a two-car garage, the description listed for HU # 2, in the location indicated for HU #2 on the Block Listing Map. Upon talking to a neighbor, you find that the house located between HU #27 and HU #2 was recently painted and had been white. The yellow frame house is HU #1.

- HU #12 -- 943 235th Street. When you arrive you find that the street number is not clearly indicated on the mail box. You note that the number visible on the house immediately preceding on the east is 939, and the number 947 is seen on the next house to the west. You are sure that the street is 235th Street. The HU has been clearly and easily located by reference to the Block Listing Map, Selected DU List, and visible street numbers associated with existing structures.

3.3.2 Group Quarters Units

In most instances, the dwelling unit you locate will be a housing unit, as in the examples above. However, you may encounter selected group quarters units as in **Exhibit 3.6** (GQU line numbers 3 and 19). In this example, first locate the Salvation Army Shelter, which is the structure that contains the selected GQUs, using the Block Listing Map ("GQ" circled) and the Selected DU List, which shows the structure as "025." This line number is the number above the circled "GQ," which is the line number of the shelter on the original List of Dwelling Units. This number connects the selected units with the shelter in which they are located. After locating the structure, you then use the description of the unit (bed numbers 3 and 19) in conjunction with the Within-Structure Floor Sketch Sheet (**Exhibit 3.11**) to identify the correct GQUs.

For some group quarters units, the description of the unit alone may be sufficient for locating it (e.g., dormitory rooms with unique room numbers). In such a situation, a Within-Structure Floor Sketch Sheet probably would not be included with your segment materials.

3.4 Determining That Each SDU Is a Housing Unit or a Group Quarters Unit

Only structures qualifying as HUs or GQUs should have been listed. Since the individual completing the listing was not required to enter structures or talk to residents, it is possible that some listed structures may not qualify as an HU or a GQU. You must determine the status of each SDU at the time of your initial screening contact.

3.4.1 Housing Units

It is your responsibility to make sure that the assigned address is (1) a housing unit (as defined below), and (2) only one housing unit. If either of these conditions is not met, appropriate action must be taken.

Exhibit 3.13 Definition of a Housing Unit

A housing unit is a group of rooms or a single room occupied or intended for occupancy as separate living quarters; that is:

- (1) The occupants do not live and eat with any other family group or persons residing in the structure

AND

- (2) There is either direct access from the outside or through a common hall.

Direct access means there is an entrance **directly** from the outside of the structure to the living quarters, **or** an entrance to the living quarters from a hall, lobby, or vestibule used by the occupants of more than one unit. Living quarters do not have direct access if the only entrance is through a hall or room of another unit.

Occupancy: A housing unit may be occupied by a family group or an individual living alone. It may also be occupied by nine or fewer unrelated persons. (NOTE: If ten or more unrelated persons occupy the unit, it is considered "group quarters" and is not to be treated as a selected housing unit.)

For purposes of this study, a housing unit is a group of rooms or a single room occupied or intended for occupancy as separate living quarters. A more detailed definition is given in **Exhibit 3.13**. Please refer to this more detailed definition before continuing to read.

The following list of types of HUs, although not exhaustive, includes most types you may encounter:

- (1) A **single house** that is intended for occupancy by only one family.
- (2) A **flat** or **apartment** in a structure that includes other flats or apartments.
- (3) A **basement** or **attic apartment** in a structure that includes one or more other DUs.
- (4) **Vacant houses** or **apartments** that could be occupied.
- (5) **Hotel** or **motel rooms** that are (a) occupied by permanent guests, or (b) occupied by employees who have no permanent residence elsewhere.
- (6) **Residential units under construction**. (NOTE: The Selected DU List may include such a unit.)
- (7) **Rooms within group quarters or an institutional structure** (such as a fraternity house or nursing home) that serve as the permanent residence of a staff member or "house mother" and that satisfy the requirements of the HU definition.
- (8) **An apartment in a nonresidential structure** used as a permanent housing unit (e.g., an apartment in a warehouse that the caretaker uses for personal living quarters).
- (9) A **mobile home** or **trailer** used as the permanent residence of the occupants.
- (10) A **mobile home** or **trailer location** in a trailer lot or mobile home park in which numbered or otherwise specified spaces are rented. In such a mobile home park, each separate space allocated for one mobile home is listed as an HU, even if no mobile home currently occupies the space; that is, an empty space in a regular mobile home park is treated like a vacant apartment or house.
- (11) **Work camps occupied by seasonal workers** are considered permanent DUs if workers live there for half or more of the calendar quarter. Check the number of residents to see if the unit should be an HU or a GQU.
- (12) **Seasonal dwellings**, such as summer homes, resort cottages, or other part-time homes that could serve as residences.

- (13) **Rooming or boarding houses.** Determine the number of residents in the structure. If there are nine or fewer residents who are unrelated to each other, treat the structure as a housing unit. If there are ten or more unrelated persons, the structure is a group quarters. Group quarters are discussed later.

If you are ever in doubt as to how to classify a unit, contact your FS for clarification. Be sure to have your segment materials in front of you when you call your FS.

3.4.2 Group Quarters Units

In general, the definition of group quarters is **any single structure in which ten or more unrelated persons reside and who do not live and eat separately from each other**. This definition could apply to any type of structure including houses, apartments, barracks, and dormitories. The actual group quarters units would be the rooms, beds, or individuals used to define the composition of the structure.

For this study, there are several instances where a structure is classified as group quarters regardless of the number or relationship of occupants:

- college dormitories, sorority, and fraternity houses
- quarters for live-in staff members of institutions (who are not in actual housing units within the structure)
- missions and shelters.

The following list of structures, although not exhaustive, includes many examples of group quarters you may encounter:

- (1) A **boarding house** is a structure in which living space is rented to residents (boarders) who are served regular meals on the premises. Meals are furnished as part of the rental fee, which is usually paid on a weekly or monthly basis. Variations of boarding houses include:

A **rooming house** is a structure in which living space is rented to residents (roomers) who may receive maid or linen service in addition to a room. Meals are not provided regularly.

A combination boarding and rooming house is an establishment which serves meals to some resident persons (boarders) but only rents to others (roomers). The same listing rules apply to this unit as to boarding houses and rooming houses.

- (2) **Communes, "Families," "Communities," etc.** are a group of unrelated individuals who live together and pool their resources but who have no regular arrangements for

contributing to expenses. Such groups may call themselves a family, a commune, an establishment, a community, a farm, etc.

- (3) **Convents, Monasteries, and Other Religious Residences** are considered group quarters if there are ten or more unrelated persons residing in them.
- (4) **Facilities for Housing Students** such as fraternity houses, sorority houses, or student dormitories may be in the sample. *Eligible individuals in student housing facilities are always considered residents of group quarters, regardless of the number or relationship of the occupants.*
- (5) **Missions or Shelters** and other structures of this type may contain living quarters for individuals who, although somewhat transient, have no other "permanent" place of residence. *Missions or shelters are considered group quarters regardless of the number or relationship of the occupants.*
- (6) **Halfway Houses** are places occupied by persons such as former prisoners, mental patients, or alcohol or drug addicts. The occupants may be there on either a voluntary or involuntary basis.
- (7) **Institutional Staff Quarters** should be considered as part of the group quarters, regardless of the number or relationship of the occupants. *Residential quarters for caretakers, administrators, or other personnel that are permanent dwellings according to the housing unit definition, should be considered HUs.*
- (8) **Migratory Workers' Camp or Logging Camp** consists of living quarters, or sites for living quarters, for ten or more seasonal or temporary workers engaged in agricultural activities (including related food processing activities) or in a logging operation. Such living quarters may be temporary in nature and may consist of structures, mobile homes (or sites), tents (or tent sites), vehicles, or a combination of types of living quarters.
- (9) **Nonmilitary Barracks and Bunkhouses** are structures that provide living space for a number of people, either in large general areas or in small sleeping areas or rooms.
- (10) **Retirement Residences and Independent Group Residences for the Elderly, Handicapped, and Functionally Disabled** are also included in the sample. These are noninstitutional residences, such as foster homes and board and care homes, that provide a home environment for the elderly, handicapped, and functionally disabled as an alternative to institutional care. The occupants must own or rent their living quarters. Meals may or may not be provided. Some supportive services are offered, such as supervision of self-administered medication and diet, assistance with housekeeping, and arrangement of transportation and recreational activities. If there are ten or more unrelated persons residing in these units, they should be considered a group quarters. Services do not include nursing care, medical care, or psychiatric care by staff

members; if these services are included, it must be considered an institution, thus making it ineligible.

If you are ever in doubt as to how to classify a unit, contact your FS for clarification. Be sure to have your segment materials in front of you when you call your FS.

3.4.3 Units That Do Not Qualify as Dwelling Units

Certain types of buildings should not have been listed. Those identified below, with the exception of permanent HUs or GQUs that may exist within them, do not qualify as DUs for NHSDA. If you encounter such units included as SDUs in your assignment, classify them with the appropriate code during screening.

(1) Specified Institutional Units:

- correctional institutions
- mental institutions
- homes for mentally and physically handicapped children
- nursing, convalescent, and rest homes
- hospitals
- other institutions that provide care for residents or inmates.

(2) Military Barracks on a military base.

(3) Unoccupied Structures that have been condemned or are being demolished.

(4) Places of Business, such as stores, factories, etc. (Be sure, however, to look for hard-to-find living quarters behind, above, or inside such places.)

(5) Certain Transient Living Units, such as transient hotels and motels for overnight lodging (such as Holiday Inns, Red Roof Inns, etc).

Exhibit 3.14 provides a chart identifying categories of dwelling units and their respective eligibility for the NHSDA.

Exhibit 3.14 Dwelling Unit Eligibility for NHSDA

<u>DWELLING UNITS TYPES</u>	Is This Unit Eligible for NHSDA ?
<u>Housing Units (HUs)</u>	
• Civilian (e.g., house, apartment, condo, townhouse, etc.)	YES
• Military (e.g., family housing, civilian employee housing, etc.)	YES
<u>Group Quarters Units (GQUs)</u>	
• Noninstitutional <u>Civilian</u> (e.g., rooming/boarding houses, dorms, fraternity or sorority houses, transient shelters, halfway houses, migratory workers' camps, etc.)	YES
<u>Military</u> (e.g., barracks, ships, etc.)	NO
• Institutional <u>Civilian</u> (e.g., correctional institutions, nursing homes, mental institutions, etc.)	NO
<u>Military</u> (e.g., VA Hospitals, military prisons, etc.)	NO
<u>Certain Transient Living Units</u>	
• Civilian (e.g., General hospitals, transient [overnight] hotels and motels, etc.)	NO
• Military (e.g., Military barracks, transient visitor housing, etc.)	NO

3.5 Checking for Missed Dwelling Units

Although those involved in completing the listing made all reasonable efforts to be sure every dwelling unit in a segment was listed, the lists may not always be completely accurate. There may have been some dwelling units the lister could not observe because of their location, mobile homes may have been moved into the segment, or what appeared on observation to be one type of unit may be entirely different when one is inside the structure. Every dwelling unit must have a chance of being selected for interview. However, if it was not listed, it has no chance of being selected for an interview unless the dwelling unit is discovered by the interviewer. The missed dwelling unit procedures, which you must follow carefully, are designed to give that opportunity to those dwelling units that should have been listed but were not.

This task is particularly important, and the procedures for checking for missed dwelling units are fairly simple. The rules for checking are slightly different depending on whether the listing unit is a more "fixed" structure (such as a single family house, an apartment building, or a boarding house room) or whether it is a more "mobile" unit, such as a bed or person in a shelter.

You are not required to check the entire segment for missed dwelling units. **The procedure only requires that you implement the check for missed DUs at every selected dwelling unit in the segment.** Therefore, when you are conducting screening, implement this check at each SDU you visit.

NOTE: Although you are only required to check for missed DUs at each SDU, you should not ignore any significant problems. For example, if you discover an apartment building or a new subdivision that was not listed, call your FS. If he/she is not available, contact RTI's Sampling Department (see **Section 3.7**).

3.5.1 Missed DUs in "Fixed" Structures (e.g., houses, buildings, rooms)

To check for a missed dwelling unit, first check for missed DUs within the SDU. One of the first questions during the screening process requires that you ask at every SDU if there are any additional living quarters in the unit. Examples of the types of DUs you may find within an SDU are:

- a basement or upstairs apartment built in a structure that was originally a single-family dwelling, with an outside entrance in the rear of the structure that could not be observed by the lister
- additional apartments with their own entrances leading from a common hall from which the SDU also has an entrance.

Next, check the geographic interval between the SDU and the next listed dwelling unit to determine if there are any unlisted DUs. This is the main reason why the Selected DU List shows the selected lines plus the next listed line. The phrase “next listed line” can refer to two situations:

- 1) Usually, the next listed line is the line number of the unit that follows the SDU. For example, if you contact the SDU at line number 156, the next listed line is 157.
- 2) Consider a segment with multiple map pages. During the listing stage, the lister completed the work one map page at a time. Your search for missed DUs must also progress one map page at a time. If an SDU is the last listed line on a map page, the “next listed” line is the next one listed on that map page — which is simply the first line listed on that map page thus closing the ‘circle’ on that page.

In other words, for cases where you are contacting an SDU that is the last one listed on a map page, the next line listed is the next one on the page (the first one), not the next listed line numerically. The geographic interval is then defined as the area between the last line on the map page and the first line on the map page.

Normally, the geographic interval between an SDU and the next listed dwelling unit is a short distance. In fact, in apartment buildings, it often is a few feet between doors. Sometimes in rural segments, however, the DUs may be far apart. It is important that you follow the travel pattern used by the original lister in checking the interval. This pattern should be indicated by directional arrows drawn on the map; if not, determine the pattern from the sequence of dwelling unit numbers. The lister should have followed a prescribed order (see **Exhibit 3.15**), traveling around the segment in a clockwise direction, making each possible right turn at internal streets or roads and listing dwelling units as they appeared on the lister's right. However, regardless of whether or not the lister followed the prescribed order of listing, follow the same travel pattern the lister used.

There is a special situation which you may encounter infrequently in some of the rural areas with large segments and many map pages. If an SDU is the last one listed on a map page and the map page that follows it has no DUs listed, you must check not only the geographic interval between the last listed DU and the next listed line (which is the first line listed on that map page), but you must also check the entire zero DU map page that follows and any subsequent zero-map pages. This ensures complete coverage and improves the quality of the NHSDA data by enhancing its statistical accuracy. A note on the Selected DU List will notify you of any zero map pages to check.

3.5.2 Missed DUs in "Non-Fixed" Structures (e.g., beds or persons in shelters)

At each non-fixed group quarters structure where a GQU has been selected you must check with the manager, landlord, or other knowledgeable person to determine if the number of units originally listed is accurate. If the number is larger, those additional units become missed units. This situation often occurs in shelters where the number of beds varies by season.

Exhibit 3.15 Diagrams Illustrating the Prescribed Order of Listing a Segment

Diagram A

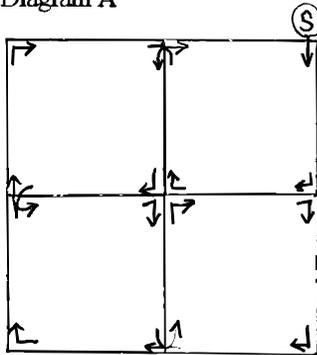


Diagram B

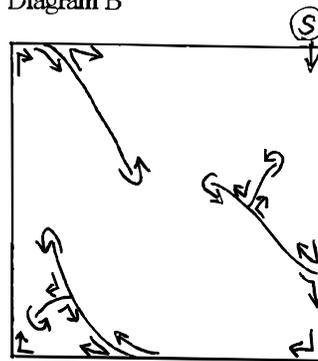


Diagram C

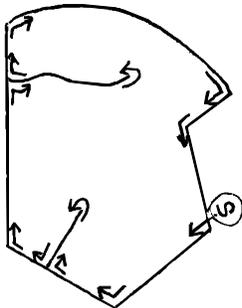
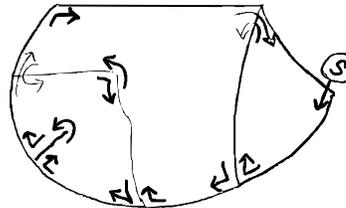


Diagram D



NOTE: (S) represents the starting point.

If there is an entire group quarters structure that was not listed, it is considered a missed dwelling unit and the units within the structure, missed group quarters units. Unlike missed housing units, a missed group quarters structure does not have to be linked to (that is, "found at") a selected dwelling unit. Such a structure qualifies as a significant listing problem that would be discussed with your FS as well as the RTI Sampling Department (see **Section 3.7**).

3.5.3 Dealing with Listed DUs That Should Not Have Been Listed

While we want you to add any missed or new DUs you find, do not make any deletions from the list of DUs. On occasion you may discover that a listed SDU does not qualify as a dwelling unit (e.g., a structure that is used for nonresidential purposes). You also may encounter a situation where an SDU no longer exists (e.g., a trailer that has been moved). In such cases, do not delete the unit from the List of Dwelling Units or attempt to remove the unit from the Newton. Rather, code it appropriately on the Newton during screening and proceed normally with the check for missed DUs. **Chapter 4** defines the screening result codes.

3.6 Adding Missed Dwelling Units

The procedures for adding missed DUs differ slightly for missed HUs and for missed GQUs.

3.6.1 Adding Missed Housing Units

If you discover a previously unlisted HU within or on the property of an SDU or within the interval between an SDU and the next listed DU, record the address or description in the Newton. Be certain the unit qualifies as a housing unit. Apparent housing units used for nonresidential purposes (e.g., business or storage) do not qualify and should not be added. Missed housing units intended for use as residences but vacant at the time of your visit are to be added.

At the beginning of each screening with an adult resident of the DU, ask the question used to identify missed DUs.

Missed DUs

Line: 015 300 Gordon Street

First, are there any occupied or vacant living quarters besides your own in:

(FOR SINGLE UNITS:)

this structure or on this property?

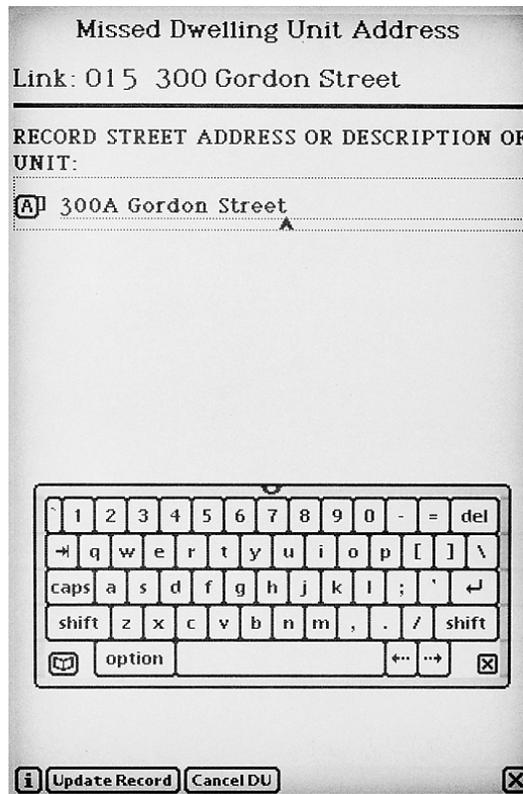
(FOR MULTI-UNITS:)

this unit?

Yes No

 [Previous Page](#)  

If you are screening a single unit, use the first phrase listed. If the SDU is in a multi-unit structure such as an apartment building, use the phrase "this unit." If the answer is "No" you will continue with the screening process. If "Yes," you will record the address of the possible missed unit.



Enter the street address or description of the missed unit.

- Tap **Cancel DU** if you want to cancel this entry.
- Tap **Update Record** to continue the process of adding the unit. You will be asked if you want to add another unit. Tap **Yes** if you want to add another unit and the above screen will reappear so you can enter the information. Tap **No** if that is the only (or last) added unit you want to link to this SDU.

There are limits on the number of missed units you may add in the Newton. You can link up to five added units to one particular SDU, while the limit of missed units for a particular segment is ten. You will rarely find more units than these limits. If you find more than five units for one SDU or more than ten units to add for a segment, record the information about these missed units on the List of Added Dwelling Units (**Exhibit 3.16**). When the information is complete, check with your FS, then call RTI's Sampling Department (see **Section 3.7**).

Because this happens infrequently, your Newton will initially only have room to add five missed DUs per segment. If you need the additional five lines, contact your FS, who can ask RTI to release the additional lines to you during your next transmission.

3.6.2 Reconciling Missed DUs

The simple process of reconciling Missed DUs involves answering a few questions when prompted by the Newton to see if the missed unit you recorded should be added to the sample.

Missed DU - Segment Kit Check

Link: 015 300 Gordon Street

INTERVIEWER: CONSULT YOUR SEGMENT KIT AND ANSWER THE FOLLOWING QUESTION(S).

IS THE ADDITIONAL UNIT REPORTED EARLIER:

300A Gordon Street

ALREADY ON THE ORIGINAL LIST OF DWELLING UNITS?

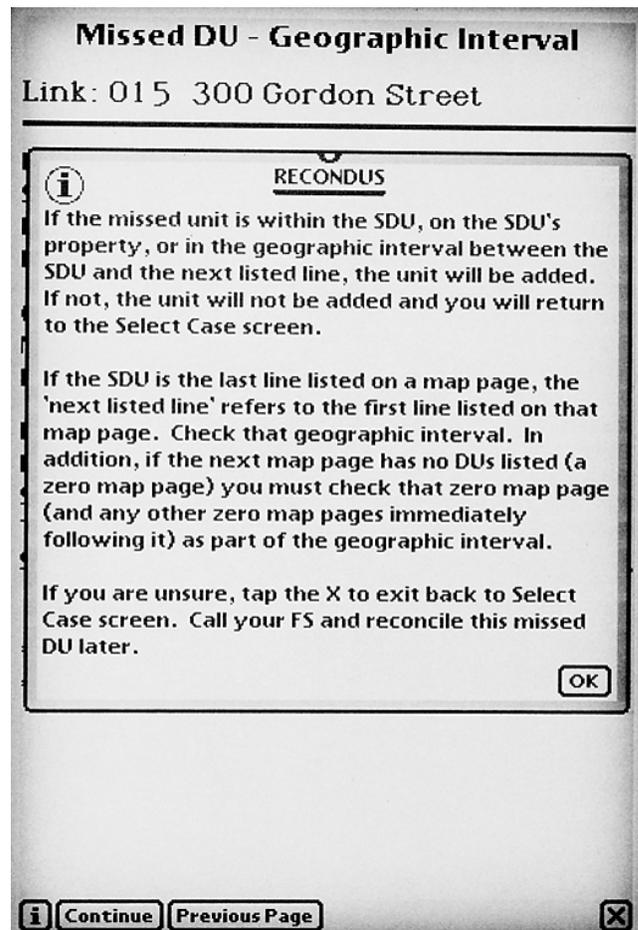
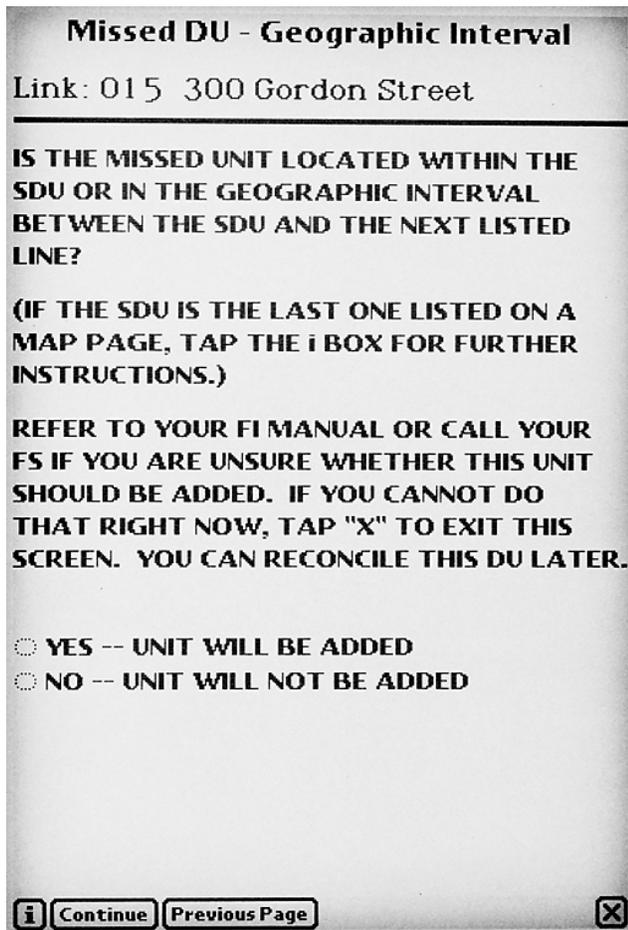
(MAKE SURE YOU ARE LOOKING AT THE FULL LIST OF DWELLING UNITS, NOT THE SELECTED DU LIST.)

YES (UNIT WILL NOT BE ADDED)

NO

 **Continue** 

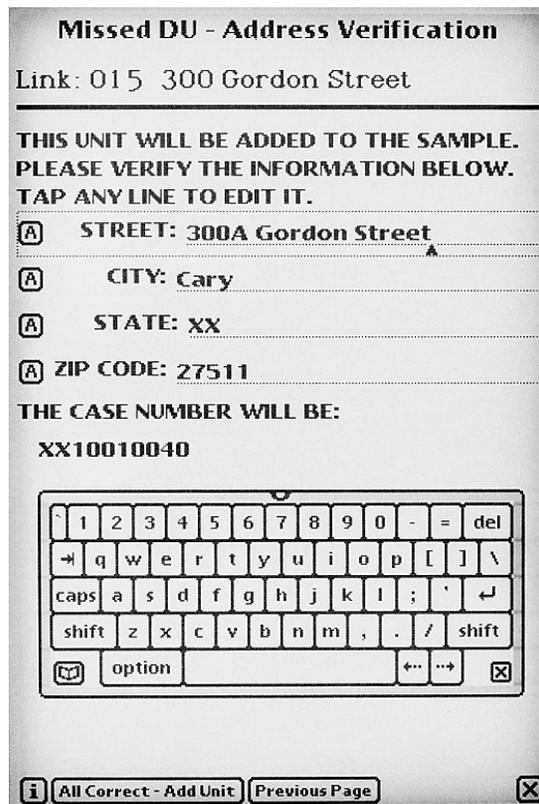
The instructions on this screen remind you to double check the original List of Dwelling Units (**Exhibit 3.7**) to see if the unit has already been listed. When asking respondents about additional units on their property, they may report a unit that was indeed already listed. If the unit is already on the List of Dwelling Units, it does not need to be added, so you would tap **Yes** and then continue. If the unit is not on the List of Dwelling Units, tap **No**.



Missed units not on the List of Dwelling Units must satisfy location requirements before being added. This screen prompts you to consider the location of the missed unit.

- Is it within the SDU?
- For single family units: Is it within the area or geographic interval between the SDU and the next listed DU? This interval includes additional units on the property or within the area between the SDU's property and the next listed DU. For an SDU that is the last one listed on a map page, tap the **i-box** for additional instructions.

If the unit is within the SDU or in the appropriate geographic interval, tap **Yes** and the unit will be added to the sample. If the answer is "No," the missed unit address will not be added.

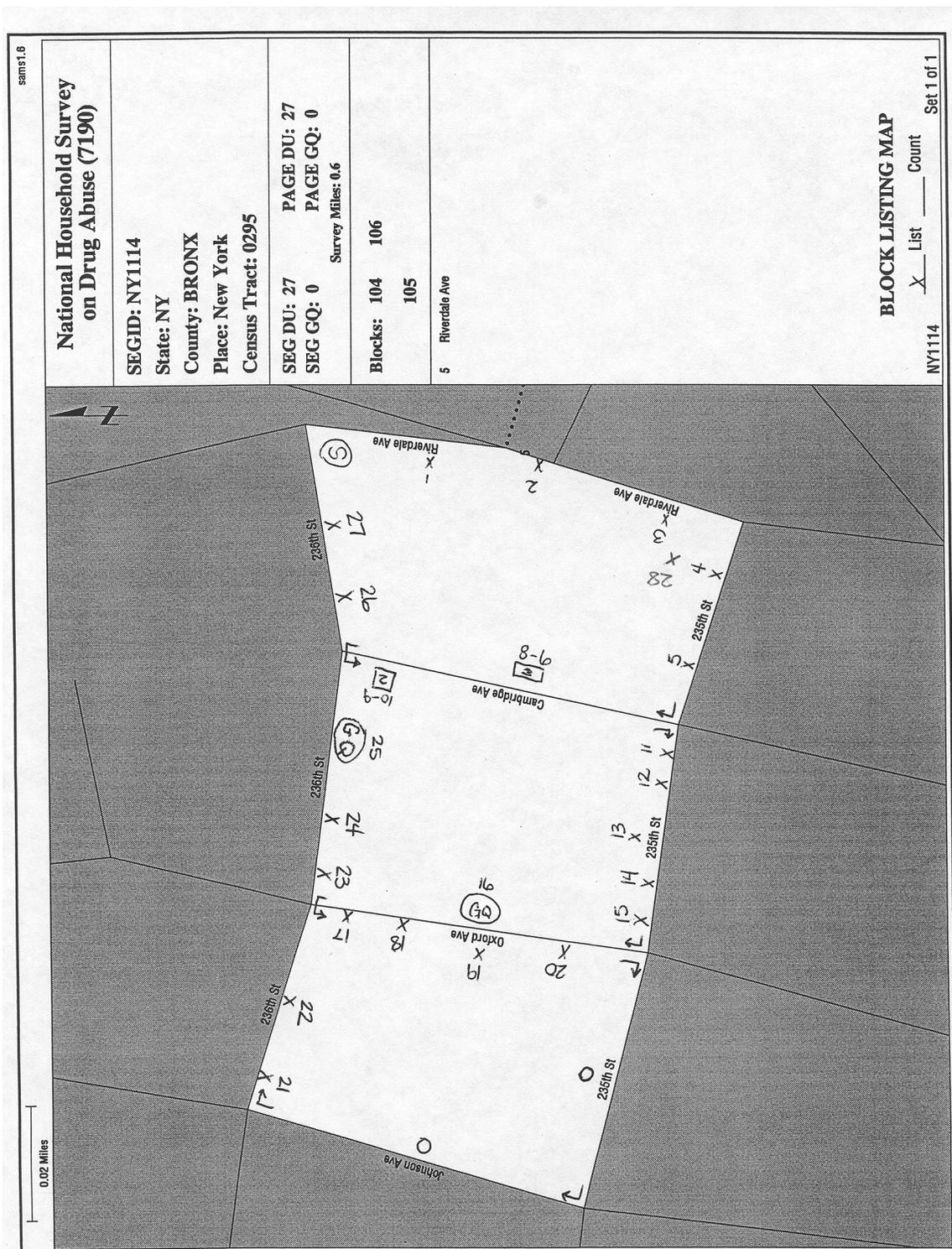


The complete address of the unit to be added is displayed on this screen for you to double check. Make any necessary changes, then tap **All Correct - Add Unit**. The unit will be added to your assignment using the Case ID number displayed on the screen.

3.6.3 Adding Missed HUs on the Maps

Each time you add an HU, you must also enter a corresponding "X" (or box, in the case of multi-unit structures) in the appropriate location on the Block Listing Map. Remember to identify the symbol with the dwelling unit number provided by the Newton. **Exhibit 3.17** illustrates how the Block Listing Map would look if an unlisted HU were discovered in the interval between HU # 3 and HU # 4 in the segment illustrated previously in this chapter. Note that you should record the number of the added HU on the map. This number is automatically assigned and then displayed by the Newton.

Exhibit 3.17 Block Listing Map (with Added DU)



3.6.4 Adding Missed Group Quarters Units

Unlike housing units, you will not add missed GQUs to the Newton and then automatically screen them. Since the selection process for missed GQUs will vary depending on the type and number of missed GQUs (e.g., a boarding house versus a shelter), you are required to check with your FS and then contact RTI's Sampling Department (see **Section 3.7**) to receive instructions on how to proceed. Be sure to have your segment materials as well as a thorough description of the missed GQU situation in front of you when you contact RTI. In general, you will be told:

- what information to include on the Added Group Quarters Listing Form (**Exhibit 3.18**)
- whether to make a within-structure floor sketch
- what forms to send to RTI.

The information sent to RTI will be used to select the missed GQUs that will be added to the sample. The assignment of any missed GQUs that are to be screened will take place during transmission. The added cases will be sent to your Newton for completion.

3.6.5 Marking the Segment Materials Envelope

When finished with work in a segment where you have added Missed DUs, mark on the outside of the Segment Materials Envelope that there were Missed DUs.

For the segments used already during 1999 as shown in **Exhibit 3.19**, mark the box simply indicating that there were Missed DUs.

For the segments new for 2000 as shown in **Exhibit 3.20**, mark the 'Yes' box in Section D, then record the total number of Added DUs for the segment. Remember to mark in the lower right hand portion of Section A which of the Added DU forms you completed. The forms become part of the segment kit and are to be returned to RTI in the envelope.

Exhibit 3.18 Added Group Quarters Listing Form

OR OFFICE USE ONLY)

ADDED GROUP QUARTERS LISTING FORM

GQ LINE NO. _____
(from List of Dwelling Units)

Segment ID: _____ Page _____ of _____

Listed by: _____ FI ID No. _____

Date Listed: ____ / ____ / ____

INSTRUCTIONS

This form is to be completed for a missed group quarters structure or for missed units within a previously listed group quarters structure. Please contact Francine Burt (800-848-4079) for instructions on completing this form.

I. IDENTIFICATION

a. Name of Group Quarters:

b. Address (Number and Street):

c. City, State, and ZIP:

d. Type of Group Quarters:

- College Dorm Boarding House
 Shelter Half-Way House
 Other _____

II. LISTING INFORMATION

a. Are any housing units listed that are associated with these group quarters:

- Yes (Complete 11b) No (Go to 11c)

b. Enter, from the List of Dwelling Units, the line number(s) of housing units associated with these group quarters:

c. Manager, landlord, or other knowledgeable person to contact:

Name: _____

Title: _____

Telephone: _____

d. Check the units listed or to be listed:

- Rooms Beds Individuals

e. Enter the number of listing units in the GQ: _____

- Exact Number Approximate Number

III. LIST OF UNITS

Line No.	Description of Unit	No., Ltr., or Loc.	Line No.	Description of Unit	No., Ltr., or Loc.
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

COMMENTS: (Enter on back of form.)

Exhibit 3.19 1999 Envelope Cover

Project 7190
NHSDA

SEGMENT MATERIALS ENVELOPE

SEGID: XX1001	DU: 112
GQ: 74	HU: 38
CARY CITY WAKE COUNTY, XX	

ASSIGNED TO Terry Smith
COMPLETED BY: Terry Smith

A. CONTENTS (FROM RTI)	
<input checked="" type="checkbox"/> TIGER MAP SET <input checked="" type="checkbox"/> SEGMENT INFORMATION SHEET <input checked="" type="checkbox"/> SEGMENT CHECKLIST/WORKSHEET <input type="checkbox"/> OTHER MATERIAL (SPECIFY) _____	
B. CONTENTS (FROM FIELD)	
<input checked="" type="checkbox"/> COMPLETED LIST OF DWELLING UNITS <input checked="" type="checkbox"/> TIGER MAP SET <input type="checkbox"/> FIELD MAP(S) <input checked="" type="checkbox"/> SEGMENT INFORMATION SHEET (COMPLETED) <input checked="" type="checkbox"/> SEGMENT CHECKLIST/WORKSHEET (COMPLETED) <input type="checkbox"/> LIST OF ADDED DWELLING UNITS (IF APPLICABLE) <input checked="" type="checkbox"/> OTHER MATERIALS (SPECIFY) <u>Ragland Dormitory Diagram</u>	
C. COUNTING/LISTING RESULTS	
DATE LISTED: <u>9 / 28 / 98</u> →	# DUs LISTED: <u>39</u>
IF APPLICABLE:	
DATE COUNTED: _____ / _____ / _____ →	FIELD COUNT: _____
SUBSEGMENTED? YES <input type="checkbox"/> →	SUBSEG COUNT: _____
GROUP QUARTERS? YES <input checked="" type="checkbox"/>	ADDED DUs? YES <input type="checkbox"/>
FOR OFFICE USE ONLY: _____ / _____ / _____ / _____	
Q _____ D _____ / _____ / _____ / _____	
Q _____ D _____ / _____ / _____ / _____	
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____

Exhibit 3.20 2000 Envelope Cover

Project 7190
NHSDA

SEGMENT MATERIALS ENVELOPE

SEGID: XX2234 DU: 200
GQ: 105 HU: 95

WILSON CITY
KENT COUNTY, XX 01234



2000

Assigned To: Jane Doe
Completed By: Jane Doe

A. ENVELOPE CONTENTS (All items <u>must</u> remain in envelope)	
<p>FROM RTI TO LISTER</p> <p><input checked="" type="checkbox"/> S.A.M.S. Map Set</p> <p><input checked="" type="checkbox"/> Blank Segment Information Sheet</p> <p><input checked="" type="checkbox"/> Blank Segment Control Form</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>FROM LISTER TO RTI</p> <p><input checked="" type="checkbox"/> S.A.M.S. Map Set</p> <p><input checked="" type="checkbox"/> Completed Segment Information Sheet</p> <p><input checked="" type="checkbox"/> Completed Segment Control Form</p> <p><input checked="" type="checkbox"/> Completed List of Dwelling Units</p> <p><input type="checkbox"/> Area Maps Obtained Locally (If Applicable)</p> <p><input checked="" type="checkbox"/> Completed GQU Listing Form (If Applicable)</p> <p><input type="checkbox"/> Other (Specify) _____</p>
<p>FROM RTI TO INTERVIEWER</p> <p><input checked="" type="checkbox"/> Selected DU List</p> <p><input checked="" type="checkbox"/> Blank List of Added DUs Form</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>FROM INTERVIEWER TO RTI (If Applicable)</p> <p><input type="checkbox"/> Completed List of Added DUs Form</p> <p><input type="checkbox"/> Completed List of Added GQUs Form</p>
B. COUNTING RESULTS (If Applicable) Not Counted <input type="checkbox"/>	
Date Counted: <u>5 / 29 / 99</u> →	Field Count: <u>197</u>
Subsegmented? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> →	SubSeg Count: _____
C. LISTING RESULTS	
Date Listed: <u>5 / 29 / 99</u> →	# DUs Listed: <u>200</u>
Any Group Quarters? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
D. INTERVIEWER DISCOVERIES	
Any Added DUs? No <input type="checkbox"/> Yes <input type="checkbox"/> →	Total Added DU Count: _____
For Office Use Only:	
Q _____ D _____	_____ / _____ / _____
Q _____ D _____	_____ / _____ / _____
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____
Date Received _____	Edited By _____ Date _____

3.7 When to Call RTI

If you encounter missed units or unusual circumstances and cannot find answers in this manual, first call your FS. Your FS is experienced in many field situations and may be able to assist you, or will instruct you to call RTI's Sampling Department for further assistance. If your FS is unavailable and you cannot continue without assistance, you may call RTI prior to contacting your FS.

Call RTI when:

- more than five missed HUs are discovered to be linked to a particular selected DU
- more than ten missed HUs are to be added to the segment
- a missed GQU is discovered within the group quarters structure
- a missed group quarters structure is discovered.

Be sure to have your segment materials, as well as details of the situation in front of you when you call RTI. **All sample-related questions are discussed with _____ or _____.** **They may be reached by calling _____.** RTI's normal business hours are between 8:30 a.m. and 5:00 p.m. Eastern time Monday through Friday. If during evenings or weekends you have an emergency situation that cannot wait, you may call the following pager numbers: _____ — _____ or _____ — _____. Please be respectful and only use the pager numbers during an *emergency* situation.

3.8 Importance of Sampling Activities

The field sampling steps discussed in this chapter are important. All aspects of the area probability sample design used by RTI have been developed so that data collected for this survey will be valid, reliable, and accurate. However, the design is only valid if each interviewer carries out the final steps of sampling with care and precision. Even seemingly slight errors or oversights in interviewer sampling activities may necessitate costly and time-consuming corrective action.

Careful attention to the instructions presented in this chapter will provide the necessary information to complete the steps involved in checking the listing. Those steps are extremely important to ensure the accuracy of the sample and the data collected.

REVIEW OF CHAPTER 3

Locating Sample Dwelling Units

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- Dwelling Units (DUs) consist of housing units (HUs) and group quarter units (GQUs). Common examples of HUs are apartments, houses, trailers, condos. Individual units within group quarters structures such as college dormitories, shelters or convents would all be classified as GQUs.
- For this year's sample, all 50 states and the District of Columbia have been divided into FI Regions. Each FI Region then had eight segments selected. Each FI will be working in a defined segment, using listings and maps that were created earlier by field listers.
- For each segment in your assignment, you will receive a Segment Materials Envelope containing the maps, listings, and information sheets that are needed to work your assignment.
- In order to successfully complete your NHSDA cases, you will need to locate your segment, identifying the most efficient route of travel to/from your home and within the segment.
- In order to ensure that we have an accurate sample, it will be necessary for you to check for missed dwelling units at each DU you visit. The Newton screening program has steps in place to assist you.

QUESTIONS TO ASK YOURSELF

1. Define a group quarters unit.
2. On the Block Listing Map, what does a box with a number inside indicate?
3. What should you do if you find a completely new subdivision in your segment that is not on your map or on the lists?
4. Name three examples of types of homes or structures that are NOT to be included in the sample for the NHSDA.
5. Take some time to become familiar with the Original List of DUs and the Selected DU List.
 - a. How many GQUs are in the shelter listed as line 25? (Refer to Group Quarters Listing Form, page 3-12.)
 - b. How many selected DUs are on Cambridge Avenue?
 - c. What is the street address for line 14? Will you visit that house?
 - d. What does the description for the selected DU on line 3 mean? (Refer to Selected DU List on page 3-8.)

4. CONTACTING DWELLING UNIT RESIDENTS

4.1 Introduction

Being well prepared before making initial contact with the residents of a dwelling unit is important. You must know the purpose of the survey and be familiar with the screening and interviewing procedures as well as all study materials. You must also be organized, meaning that you must be sure you have all of the materials and supplies needed to screen and conduct NHSDA interviews. This chapter and **Chapter 5** contain detailed explanations of how to contact a DU and obtain cooperation. **Chapter 6** provides details on the screening process, which determines who, if anyone, to interview. It is important to resolve any questions you have about survey procedures before contacting the first dwelling unit.

4.2 Scheduling Fieldwork

One of your most important responsibilities is planning your fieldwork carefully to maximize the effectiveness of your time in the field. Below are general rules to apply when planning your work:

- Spend a minimum of four hours working in the sample neighborhood on each trip (travel time to and from the segment should NOT be included as part of the four hours).
- Lay out your itinerary so that you can visit as many sample dwelling units (SDUs) as possible during a trip to an area.
- If you have only a little work left in one area, combine your trip to this area with a trip to a nearby segment when possible.
- Make a minimum of four attempts to complete each screening, contacting the unit at different times of day and different days of the week. Then discuss the case with your FS. Your FS may opt to send a letter to the DU. During your conference call, your FS will instruct you about contacting the DU again.

The timing of your field trips is very important. Plan your trips so that you will be in the sample areas during times when the chances of finding a respondent at home are the best. The most productive hours for first visits to SDUs are between 4:00 p.m. and 9:00 p.m. on weekdays and from 9:00 a.m. to 9:00 p.m. on weekends. **Saturdays are generally the most productive day**, however, weeknights have proven to be an excellent time to find respondents home.

4.3 Assignment Materials

Your FS makes assignments based generally on the location of the segment area in relation to your home. Whole segments are usually assigned, although sometimes they may be split. You will receive your initial assignment once you have successfully completed the training program. Your FS will make additional assignments as you complete your assigned work. As discussed in **Chapter 3**, you will receive the appropriate segment materials for each of your segments.

Each individual DU assigned to you—whether it is an HU or a GQU—will appear on the Select Case screen of your Newton and on the computer-generated Selected DU List (see **Exhibit 3.6**). Both the **Select Case** screen and the Selected DU List have the information necessary to identify and find the unit. **Record all data collected during the screening process on your Newton.** There are also ample note spaces within the Newton program. However, if you wish, you may make notes to yourself on the computer-generated list (Selected DU List). Please do not write on the other segment materials as they will be used again.

4.3.1 Case Identification Information

The first column on the left of the Newton's **Select Case** screen, labeled Case_ID, shows the RTI case identification number and is referred to as the "Case ID number."

The screenshot shows the 'Select Case' screen with the following data table:

CASE_ID	STREET	SOH	A	B
XX10010002	102 Kildaire Farm Road			
XX10010003	104 Kildaire Farm Road			
XX10010005	5410 Cornwall Road Apt 1A			
XX10010007	5410 Cornwall Road Apt 2A			
XX10010008	5410 Cornwall Road Apt 2B			
XX10010010	5410 Cornwall Road Apt 3B			
XX10010013	110 Pond Street			
XX10010015	300 Gordon Street			
XX10010017	304 Gordon Street			
XX10010019	308 Gordon Street			
XX10010021	Devon Avenue new wh. db			

Below the table are 'Scroll Up' and 'Scroll Down' buttons. At the bottom, it displays 'Current Time: 14-Jan-2000 9:27 am' and buttons for 'Actions' and 'Admin'.

The Case ID numbers themselves provide you with important information. For example, the Case ID number TX23020119 tells you the following:

TX	State Abbreviation—in this case, Texas
23	FI Region number within the state
02	Segment number
0	DU indicator (always a zero (0) for HUs, or any letter A-Z for GQUs)
119	SDU line number from the List of DUs for the segment

This information is also listed on the Selected DU List. The first six spaces are listed as the Segment ID on the top left of the form. The last four spaces of the Case ID are listed under the “DU Indicator and Line #” column. For example, refer to the Selected DU List shown in **Exhibit 3.6**. The first selected HU listed is in segment NY1114 and is line number 001. The Case ID for this HU is NY11140001.

The actual street address, or a physical description of the HU or GQU and its general location, also appear on both the **Select Case** screen and the Selected DU List. If you have difficulty locating one of your assigned DUs, refer back to **Chapter 3**.

4.4 Record of Calls

The Newton’s Record of Calls (ROC) is the place to record all contacts made with an SDU to complete screening. This includes any attempted or actual contact with either a resident or a neighbor or other person whom you ask for contact information. Record each contact or attempted contact separately by adding a call record. For example, if you visit the SDU once and find no one home, then pass by again 2 hours later, you should fully document both contacts separately in the ROC. For each contact, the Newton will automatically record the date, day of the week, and time of day. You will need to record the appropriate screening result code (result code definitions are discussed in the next section) and any comments about this contact for future use by you or another FI.

4.4.1 Screening Result Codes

Screening result codes are assigned and reported during the process of screening SDUs. Some screening codes are “PENDING” codes (01-09) and indicate that a final resolution has not yet been obtained. Codes 10-32 are “FINAL” screening codes that show a screening effort is complete. The list of screening codes is shown on the following screen.

Screening Call Record

Line: 015 300 Gordon Street

◆ DATE: 1/14/00

◆ TIME: 10:46 pm

◆ RESULT CODE:

=====

PENDING SCREENING CODES

=====

01 No one at DU
 02 SR unavailable
 03 Neighbor ind. occupancy
 04 P Phys/mentally incomp
 05 P Lang bar - Spanish
 06 P Lang bar - other
 07 P Refusal
 08 Unable to locate SDU
 09 P Other - specify

=====

FINAL SCREENING CODES

=====

10 Vacant
 11 No one at DU - repeated
 12 SR unavail. - repeated
 13 Not primary residence
 14 F Phys/mentally incomp
 15 F Lang bar - Spanish
 16 F Lang bar - other
 17 F Refusal
 18 Not a dwelling unit
 19 GQU listed as HU
 21 Denied access
 22 All military
 23 F Other - specify
 26 Res in DU < 1/2 Qutr
 29 Listing Error

(A)

[i] Commit Record Cancel Record [X]

Result codes describe the current status of each case and are discussed routinely with your supervisor. Each time you transmit data from the Newton to RTI, the result codes are included with the actual screening data. These transmitted codes are then tabulated to produce reports that provide information on the progress of the fieldwork. In these reports on the project Website, your supervisor sees the result code assigned for each contact you made with a particular DU. Having this information available helps as you and your supervisor discuss the best approach to the case.

RTI staff and project management rely heavily on these progress reports. Decisions on how to properly manage the project are made based on these reports. It is **very important** that you understand when and why to use each code. It is also critical to keep the codes on your cases in the Newton up-to-date as you complete your work in the field.

PENDING SCREENING CODES

Pending codes are used when the case is not yet complete. Explanations of **when to use** a particular code, and **what action to take** to resolve the situation so that the case can be completed, are provided below:

01 - NO ONE AT DU

USE WHEN: No one is at the unit.

- ACTION:**
- Plan another visit at a different time of day or another day of the week.
 - Try to determine a good time to catch someone at home.
 - Record the visit and any pertinent information in your Newton's ROC.

02 - SCREENING RESPONDENT (SR) UNAVAILABLE

USE WHEN: Someone is at the unit but that person is not an eligible or knowledgeable screening respondent (young child, babysitter, housekeeper, etc.). The screening respondent **MUST** be an adult resident of the SDU.

- ACTION:**
- Plan another visit at a different time of day or another day of the week.
 - Try to determine a good time to catch someone at home *by asking for a day and time when you should return.*
 - Record the visit and any pertinent information in your Newton's ROC.

03 - NEIGHBOR INDICATES OCCUPANCY

USE WHEN: A neighbor (or other informant) indicates the unit is occupied.

- ACTION:**
- Inquire about when would be a good time to find someone home at the DU. **DO NOT** obtain actual screening information from a neighbor.
 - Continue to try to contact a resident of the DU for the specific information.
 - Record the visit and any pertinent information in your Newton's ROC.

04 - PHYSICALLY/ MENTALLY INCOMPETENT

USE WHEN: No one at the unit is physically or mentally able to respond meaningfully to the screening questions.

- ACTION:**
- Attempt to locate a competent adult DU resident.
 - If the limitations seem temporary, return to the unit on a different day or at a different time.
 - If the limitations seem permanent and no other possible SR resides at the unit, verify this information with a neighbor (as appropriate), and check with your FS.
 - Record the visit and any pertinent information in your Newton's ROC.

05 - LANGUAGE BARRIER - SPANISH

USE WHEN: The screening respondent speaks Spanish and does not speak English well enough to complete the screening. RTI Certified Bilingual FIs have the option of completing screenings in Spanish (see **Chapter 6**).

- ACTION:**
- Try to locate another eligible SR in the DU who speaks English.
 - Try using another member/friend of the household to serve as a translator for the screening questions. Most households have access to someone, often a young person or even a neighbor, who can communicate well enough in both languages to interpret the screening questions for the Spanish speaking SR. *Remember you cannot use a translator for the interview, only for screening.*
 - If none of these works, talk with your FS.
 - Record the visit and any pertinent information in your Newton's ROC.

06 - LANGUAGE BARRIER - OTHER

USE WHEN: The screening respondent speaks a language other than English or Spanish, and does not speak English well enough to complete screening.

- ACTION:**
- Try to locate another eligible screening respondent in the household who speaks English.
 - Try using another member/friend of the household to serve as a translator for the screening questions. Most households have access to someone, often a young person or even a neighbor, who can communicate well enough in both languages to interpret the screening questions for the SR. *Remember you cannot use a translator for the interview, only for screening.*
 - Record the visit and any pertinent information in your Newton's ROC, specifying the language in the Comments section.

07 - REFUSAL TO SCREENING QUESTIONS

USE WHEN: The screening respondent you are talking with refuses to allow you to proceed with the screening process.

- ACTION:**
- Tactfully try to persuade the respondent to answer the few screening questions (see **Chapter 5** for information about overcoming refusals and obtaining participation).
 - **DO NOT** antagonize the respondent. Leave the door open for an attempt to convert, either by you or someone else. This decision is up to your FS.
 - As well as possible, determine the reason for the refusal.

- Record the visit in your Newton's ROC. The Newton will prompt you to indicate a refusal reason.
- Note in the ROC if there is another eligible SR at the household.
- Make detailed notes while the incident is still fresh in your mind. By recording what happened, you will greatly assist your FS in deciding how to handle the case and will help the next FI, if someone else tries to convert the case.

08 - UNABLE TO LOCATE SDU

USE WHEN: You are unable to determine the exact location of the SDU.

- ACTION:**
- Ask first for directions to the general area. Ask at the police station, the fire house, or other public place. If needed, you may give an exact address as long as you **DO NOT** state the specific reason you are trying to find the unit. Mentioning you are an interviewer contacting the unit for participation in an important national survey is fine – stating you want to interview someone for the National Household Survey on Drug Abuse is not acceptable.
 - Contact your FS for additional instructions.
 - Record the visit and any pertinent information in your Newton's ROC.

09 - OTHER

USE WHEN: The situation you encounter does not fit into any of the above categories.

- ACTION:**
- Record the visit in your Newton's ROC and describe the situation in the comments section.
 - Discuss with your FS how to handle the case.

FINAL CODES

Final screening codes indicate the case is finished. This means either screening information was obtained OR the SDU is ineligible for the study (e.g., vacant) OR you were unable to obtain the screening information. Be sure you have completed all suggested relevant steps described in the pending codes section and have consulted your FS on any additional possible steps before requesting permission to finalize a case where you could not obtain screening information. If all attempts fail, your FS must agree that the case is complete before giving you approval to assign the final code. The list below describes the final codes:

SDUs THAT ARE INELIGIBLE FOR THE STUDY:

10 - VACANT

Assign this code only after verifying with a neighbor, landlord, or real estate agent that the unit is vacant. The Newton prompts you to complete the verification information.

13 - NOT A PRIMARY RESIDENCE

Assign this code after verifying with the current or temporary residents, a neighbor, the landlord, or real estate agent that the unit is not used as a primary residence (that is, it is only a weekend or vacation home). To qualify as a primary residence, the residents must spend the majority of their time living at the DU. The Newton prompts you to obtain verification information.

Note: If residents are not there for ½ or more of the quarter, see code 26.

18 - NOT A DWELLING UNIT

Assign this code after verifying with a neighbor, landlord, or real estate agent that the unit does not meet our definition of a dwelling unit (see **Section 3.4**). Possible examples are units that have been demolished or merged with another unit, a unit used by a church or nonprofit organization as a meeting facility, or a unit used only for business or storage. Enter the verification information when prompted by the Newton.

19 - GQU LISTED AS HU **OR **20 - HU LISTED AS GQU****

If a GQU was listed incorrectly as an HU or an HU was listed incorrectly as a GQU, use the appropriate code. Check with your FS for further instructions.

22 - DU CONTAINS ONLY MILITARY PERSONNEL

The Newton will automatically assign this code if during screening all DU members are found to be military personnel on active duty. Persons on active duty in the military are not eligible for NHSDA. Be sure to enter the verification information in the Newton as prompted.

25 - NO ELIGIBLE SDU MEMBERS

When all DU members listed on the screening roster are changed to ineligible status, the Newton will automatically assign this code at the end of the screening. It is not available for you to assign in the Newton ROC section. Enter the verification information in the Newton.

26 - WILL RESIDE/HAS RESIDED IN DU LESS THAN ½ OF THE QUARTER

This code is automatically assigned by the Newton when no one in the DU will live there (or has lived there) for most of the time during the three months of the quarter. Enter verification information in the Newton.

29 - NOT INSIDE SEGMENT BOUNDARIES

If you encounter an SDU that should not have been listed, check with your FS and RTI's Sampling Department, if needed. Assign this code **once your FS has approved**.

SCREENING NOT OBTAINED:

11 - NO ONE AT DU AFTER REPEATED VISITS

If repeated visits at different times of the day and days of the week have failed, use this code **once your FS has given approval**.

12 - SCREENING RESPONDENT (SR) UNAVAILABLE AFTER REPEATED VISITS

If repeated visits at different times of the day and days of the week have failed, use this code **once your FS has given approval**.

14 - PHYSICALLY/MENTALLY INCOMPETENT

We expect this code to be used rarely. However, if no one at the unit is able to respond meaningfully to the screening questions, use this code **once your FS has given approval**.

15 - LANGUAGE BARRIER - SPANISH

Again, this code should rarely be used. If there is not a translator, or a possibility of transferring the case to a bilingual FI, use this code **once your FS has given approval**.

16 - LANGUAGE BARRIER - OTHER

This code should rarely be used. If there isn't a translator, use this code **once your FS has given approval**.

17 - REFUSAL

If all attempts to convert the refusal have been unsuccessful **and your FS gives approval**, use this code. The Newton will then prompt you to enter a refusal reason. Be sure you have made accurate notes about the situation.

21 - DENIED ACCESS TO BUILDING/COMPLEX

If after many attempts you are **UNEQUIVOCALLY** denied access, use this code **once your FS has given approval**.

23 - OTHER

Use this code for all cases that do not fit any of the above categories. Be sure you have fully described the situation to your FS, and he/she **has given approval** to use this code. Be sure to document the circumstances.

SCREENING COMPLETED:

30 - NO ONE SELECTED FOR INTERVIEW

The Newton automatically assigns this code at the end of the screening when a resident of the dwelling unit has provided the screening information, but no one listed on the roster was selected for the interview. Enter the verification information when prompted.

31 - ONE SELECTED FOR INTERVIEW

The Newton automatically assigns this code at the end of the screening when one DU member is selected to be interviewed. Next you add another call record and enter the interview result code for the interviewing case. These codes are discussed in **Section 7.3.2**.

32 - TWO SELECTED FOR INTERVIEW

The Newton automatically assigns this code at the end of the screening when two DU members are selected to be interviewed. Next, add another call record for each interview and enter the appropriate interview result code for each case.

A complete list of both screening and interviewing result codes is included in **Appendix B**. For your reference, examples are provided.

4.5 Lead Letters

Prior to the start of each calendar quarter of data collection, RTI automatically generates an introductory lead letter for each SDU in a segment. A copy of the lead letter is in **Exhibit 4.1**. These letters, along with prestamped, window envelopes, the Selected DU List, and the Segment Materials Envelope, are sent to you once your FS makes the assignment.

Exhibit 4.1 Lead Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of Applied Studies

Rockville, MD 20857

_____, 2000

Dear Resident:

To better serve all segments of the American population, the United States Department of Health and Human Services (DHHS) is conducting a national survey on health-related issues (OMB Approval No. 0930-0110). Along with more than 200,000 other residences, your household was randomly selected for participation in the study. Research Triangle Institute (RTI) is under contract with DHHS to conduct the survey, and soon one of their professional field interviewers will be in your neighborhood to provide you with more information.

When the RTI representative arrives, please ask to see his or her personal identification card. (An example of the ID card is shown below.) He or she will ask a few preliminary questions, and then may ask one or possibly two members of your household to participate in a voluntary interview. It is also possible no one from your household will be asked to participate.

Feel free to ask the RTI representative any questions you may have about the study. This survey is covered by a confidentiality certificate issued by the government authorizing us to protect the confidentiality of any information you provide to us. In fact, this letter is addressed to "Resident" because the initial selection is made by address, and we are unaware of your name.

Your help is extremely important to the success of this study, and we thank you in advance for your cooperation.

Sincerely yours,

Project Officer, DHHS

National Field Director, RTI

	NATIONAL STUDY conducted for the U.S. Department of Health and Human Services	
	Issued by: RESEARCH TRIANGLE INSTITUTE Research Triangle Park, NC 48	
ID:	Project Personnel Identification	
[PHOTO HERE]	Name:	
	Signature:	
	Issue Date:	Expiration Date:
	Certified by:	

Assigned Field Representative

The SDUs in each segment are grouped into partitions, and may not all be assigned at one time. As explained earlier, the last column on the Selected DU List indicates to which partition each SDU belongs. Only prepare and mail letters to the cases assigned by your FS. When talking with your FS, he or she will tell you exactly which partition(s) are assigned to you at the start of the quarter. For example, if only the Partition 1 cases are available, only send letters to the SDUs with a 1 in the last column.

Keep all remaining letters. Your FS may assign you the Partition 2 and possibly the Partition 3 cases later in the quarter. No new letters will be generated.

Once the correct letters have been pulled from the pile, check the addresses of all SDUs carefully for any that do not have mailable addresses (e.g., check for those listed with just a description). Do not send letters to these SDUs as they can not be delivered. When you visit an SDU that did not have a mailable address, be sure to have an extra lead letter available to give to the residents.

About one week prior to working an area, write your name on the letters to personalize them. Then place one in each of the pre-stamped envelopes so that the pre-printed address shows throughout the window, seal and simply drop them in the mail. Mailing the letters close to the time you will be in the area means residents will be more likely to remember receiving the letter.

4.6 Organizing Your Materials

Each interviewer will develop an individual approach to organizing the materials needed for this complex project. A listing of all materials provided is included in **Appendix A**. Before leaving on a trip to the field, be sure you have all the materials and supplies you will need for both the screening tasks as well as any interviews you will conduct with selected respondents.

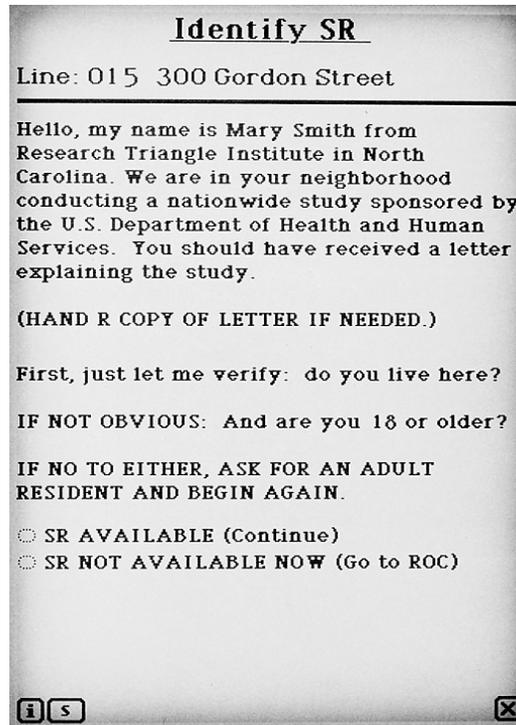
4.7 Initial Approach

The confidence you display as a result of your careful preparation will increase your chances of obtaining participation. As mentioned earlier, you will mail a lead letter to each assigned SDU with a known acceptable mailing address. You will be given an additional supply of letters to hand out at your initial contact if the resident requests one or did not receive one due to mailing difficulties.

You should approach the door confidently, with a positive attitude. Be sure your RTI identification badge is prominently displayed, and be aware of your surroundings as you approach the unit. Be sure to check—and double check—that you are at the address selected and displayed at the top of the Newton screen.

4.8 Your Introduction

Your introduction at the door should be brief and clear, using language that is easily understood so that the respondent gets a general idea of what to expect from the study. The introductory screen on the Newton is shown below:



Identify SR

Line: 015 300 Gordon Street

Hello, my name is Mary Smith from Research Triangle Institute in North Carolina. We are in your neighborhood conducting a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter explaining the study.

(HAND R COPY OF LETTER IF NEEDED.)

First, just let me verify: do you live here?

IF NOT OBVIOUS: And are you 18 or older?

IF NO TO EITHER, ASK FOR AN ADULT RESIDENT AND BEGIN AGAIN.

SR AVAILABLE (Continue)

SR NOT AVAILABLE NOW (Go to ROC)

If the respondent did not receive the letter, provide a copy, allowing time for reading. Be prepared to summarize the contents of the lead letter in your own words.

4.9 Eligible Screening Respondent and Address Verification

You will then need to determine if an eligible screening respondent is available and if the address you have in the Newton is correct.

For this study, an eligible screening respondent (SR) is:

- a resident of the DU; **AND**
- an adult (age 18 or older).

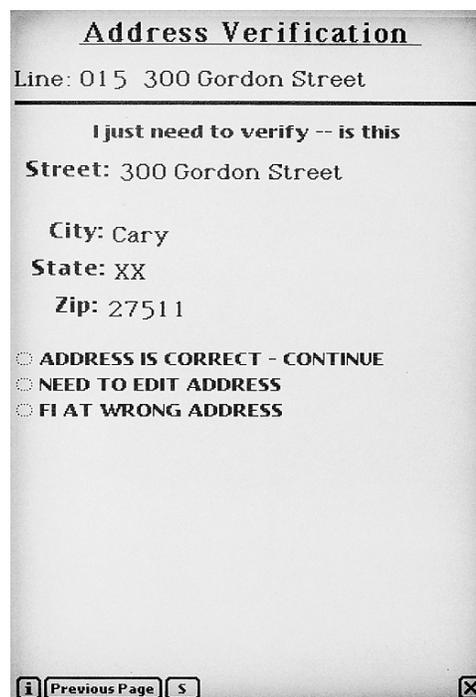
Keep in mind two rules for the NHSDA:

- 1) No proxy screenings are allowed. Information from a resident under the age of 18 is acceptable only in the case of emancipated minors (someone under 18 living independent from parents or caregivers) or when a young person is serving as the translator for an adult SR who doesn't speak English.

- 2) NHSDA is a personal visit survey. **All data are to be collected in-person**, not over the telephone. Interviewers found to be conducting unauthorized telephone screenings in the past have been terminated. No telephone screenings are ever allowed without prior approval. This approval process requires permission from your FS, RS, RD, and even from the National Field Director in some cases.

If an eligible screening respondent is not available, consider leaving a “Sorry I Missed You” card indicating that you will return. **DO NOT** leave your telephone number on this card or on any other materials left at the homes of potential respondents.

Once you are speaking with an eligible screening respondent, you then verify with the SR that you are at the correct unit and have the address recorded accurately in the Newton.



Address Verification

Line: 015 300 Gordon Street

I just need to verify -- is this

Street: 300 Gordon Street

City: Cary

State: XX

Zip: 27511

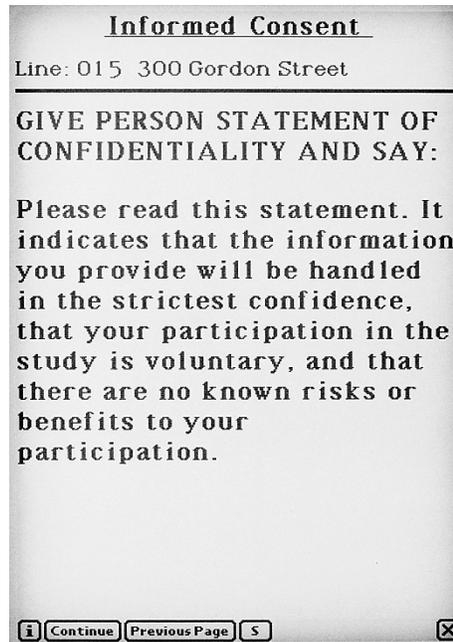
ADDRESS IS CORRECT - CONTINUE

NEED TO EDIT ADDRESS

FI AT WRONG ADDRESS

4.10 Informed Consent

Next, give the respondent a copy of the Statement of Confidentiality to read. When ready, read aloud from the text on the Newton Informed Consent screen:



The Statement of Confidentiality as shown in **Exhibit 4.2**, indicates that:

- 1) The information respondents provide will be handled in the strictest confidence.
- 2) Their participation in the study is voluntary.
- 3) There are no known risks or benefits to their participation.

By law, each participant in the NHSDA must first be informed of the individual's rights and then agree to participate based upon that knowledge. By reading the introductory text shown and providing the Statement of Confidentiality as instructed, you give the respondent the information to make an informed decision about participation. The goal of these introductory screens is to give the resident enough information to gain his or her confidence so that you can continue with the screening process. The Newton screens are worded carefully to provide the necessary information to the resident in a concise, direct manner.

You are responsible for following these procedures and reading the **Identify SR** and **Informed Consent** screens as shown. Doing so will ensure all residents are fully informed of their rights before they participate and that contact with each SDU is standardized.

Exhibit 4.2 Statement of Confidentiality

RESEARCH TRIANGLE INSTITUTE



STATEMENT OF CONFIDENTIALITY

Your residence is among several from this area that have been randomly selected for the 2000 National Household Survey on Drug Abuse. The Substance Abuse and Mental Health Services Administration is collecting information about tobacco, alcohol, and drug usage in the United States, certain illegal behaviors, mental health, and other health-related issues. Your participation in this survey provides the Federal Government with its main source of information on drug experience, knowledge, and attitudes. The Substance Abuse and Mental Health Services Administration, a part of the U.S. Department of Health and Human Services, uses the statistics for important research and management purposes.

The purpose of this document is to assure you that Research Triangle Institute, the organization under contract to the Federal Government to collect the data for this survey, will handle all information you provide in the strictest confidence and will not release any portion to unauthorized personnel. Your name will never be recorded on the interview, and will not be directly associated with information you provide about any drug experience, knowledge and attitudes. The Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study, which authorizes us to protect the privacy of individuals who are the subjects of this study by withholding their names and other identifying characteristics from all persons not connected with the conduct of this study.

The average time required to participate in this study varies. The screening questions take just a few minutes. If you are selected for an interview, the time is approximately one hour. We recontact a small number of those who complete the interview and ask just a few questions to verify the quality of our interviewer's work. This recontact is done either by phone or by mail; thus, at the end of the interview, respondents are asked to provide their telephone number and mailing address. There are no benefits to you for participating in this study and while some of the questions may be sensitive, your participation will not put you at any known risk. You are free to withdraw from this study at any time or to refuse to answer any or all questions.

If you have questions about the study, you may phone _____, the NHSDA Project Representative, at _____. If you have questions related to your rights as a survey respondent, you may contact _____, the representative for the Committee for the Protection of Human Subjects, at _____. You can also visit the project Website: <http://nhsdaweb.rti.org/> for more information.

We thank you for your cooperation and time.

National Field Director

REVIEW OF CHAPTER 4

Contacting Dwelling Unit Residents

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- The first steps that you will always take when contacting DUs will be done at home: organizing your materials and planning your field schedule.
- The entire screening process, from when you are locating a DU to asking specific screening questions, will all be coordinated with your handheld computer, the Newton.
- The history and results of each contact with a DU will be recorded in the Newton's Record of Calls or ROC. You will be assigning a result code, either pending or final, to each entry you make in the ROC.
- You will prepare and send to each SDU (with a mailable address) in your assignment a lead letter prior to beginning work in an area. The purpose of this letter is to introduce you as a professional interviewer who will be visiting their home in regards to an important national study.
- When introducing yourself at the door, your approach should be friendly and professional using language that is brief and clear.
- After your introduction, three important steps are necessary to begin the screening: locating an eligible screening respondent (an adult resident), verifying the address, and assuring the respondents of their confidentiality.

QUESTIONS TO ASK YOURSELF

1. What is the absolute minimum number of hours that you should spend in the field on each trip (not including travel time)?
2. Where are all of the SDUs in your segment listed?
3. Build Case ID numbers from the following information.
*The DU: is located in FI region 42 in Ohio.
is an HU listed at line number 184 in segment 10.*

*The DU: is located in FI region 04 in Georgia.
is an HU listed at line number 072 in segment 12.*
4. Assign a code for the following situations.

You approach a house and all of its residents speak only Polish.

At an apartment, the only adult at home is the babysitter.

*You drive to a house that looks like no one is home - there are no cars in the driveway.
You knock on the door and there is no answer.*
- 4) Who mails the lead letters to SDUs with mailable addresses?
- 5) When should lead letters be mailed?
- 6) What are the three main points of the Statement of Confidentiality?

5. OBTAINING PARTICIPATION

5.1 Introduction

Obtaining the trust and participation of a respondent to complete a screening requires careful preparation. Displaying confidence, knowing the study, and being comfortable with the equipment will greatly increase your chances of success. However, that is not all you need to know. This chapter presents some techniques handed down from experienced interviewers and survey experts to deal with reluctant respondents: being prepared and professional, listening to what a respondent is really saying, and correctly addressing a respondent's concerns — sometimes before they have been raised.

5.2 Tools for Obtaining Participation

5.2.1 Lead Letter

As mentioned in **Chapter 4**, before you begin working an area, you must mail a lead letter to each assigned SDU. You have an additional supply of letters to hand to residents who either do not remember receiving the letter or did not receive one because of an insufficient or incorrect mailing address.

5.2.2 RTI Photo ID Badge

Each interviewer working on this study will be issued two photo identification badges in different sizes (see **Exhibit 5.1**). Some interviewers feel more comfortable with the larger, very visible badge. Respondents in other areas may be wary of large badges, and interviewers prefer to use the smaller size there. Choose the badge that is appropriate for the type of area you will be visiting. Remember: you **must** always wear one of your badges when working on the NHSDA. Wearing your badge helps potential respondents verify who you are and your legitimacy as a professional interviewer on the NHSDA. So be sure your badge is prominently displayed.

A label will be placed on the back of each badge, which will contain the telephone contact information you may need while working, including Technical Support, RTI's Sampling Department, and Headway Corporate Staffing Services.

5.2.3 SAMHSA FI Authorization Letter

You will also have a personal identification letter provided by SAMHSA, the sponsor of the study. This letter shows that SAMHSA formally authorizes you to work on the NHSDA for RTI (see **Exhibit 5.2**). Show this to respondents or others who question your legitimacy as an interviewer.

Exhibit 5.1 RTI Photo ID Badges

	NATIONAL STUDY conducted for the U.S. Department of Health and Human Services	
	Issued by: RESEARCH TRIANGLE INSTITUTE Research Triangle Park, NC	
ID:	Project Personnel Identification	
	Name:	
	Signature:	
	Issue Date:	Expiration Date:
	Certified by:	
	National Field Director	

	ID:
NATIONAL STUDY conducted for the U.S. Department of Health and Human Services	
Issued by: RESEARCH TRIANGLE INSTITUTE Research Triangle Park, NC	
Project Personnel Identification	
Name:	
Signature:	
Issue Date:	Expiration Date:
Certified by:	
National Field Director	

Back:

FS Name:	_____
FS No.:	(____) _____
FS Pager No.:	(____) _____
Technical Support:	
Sampling:	
Headway:	

Exhibit 5.2 SAMHSA FI Authorization Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
Health Services Administration

Center for Mental Health Services
Center for Substance Abuse
Prevention
Center for Substance Abuse
Treatment
Rockville MD 20857

January - December 2000

To Whom It May Concern:

This letter certifies that John Doe is a representative for the National Household Survey on Drug Abuse (NHSDA), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Research Triangle Institute (RTI), a nationally recognized research organization with headquarters in Research Triangle Park, North Carolina, is under contract to the Federal Government to perform all data collection activities associated with the survey (DHHS Contract Number: 283-98-9008).

If you need additional assurance that John Doe is a legitimate RTI representative assigned to this government sponsored study, please contact _____, National Field Director, at _____, or the NHSDA Project Officer at _____, between 9:00 AM and 5:00 PM EST, Monday through Friday.

Thank you for your cooperation.

Sincerely,

Project Officer

5.2.4 The Q & A Brochure

The Q & A (Question and Answer) Brochure (see **Exhibit 5.3**) provides a ready reference about the study, including answers to commonly asked questions. You will have copies to give to people who ask for additional information or to leave when a respondent is not available when you visit. Also, if you need to recontact the DU to complete the interview(s), leave a copy of the brochure with the selected respondent(s).

5.2.5 Federal Confidentiality Certificate

You will be given a copy of the Federal Confidentiality Certificate in a plastic sleeve that you can show to respondents as necessary. Use the Federal Confidentiality Certificate (see **Exhibit 5.4**) to assure respondents that any potentially identifying information cannot be released to anyone who is not directly connected with the study. This Confidentiality Certificate is referred to in the RTI Statement of Confidentiality and in the introduction you read to the respondent as you begin the NHSDA interview.

5.2.6 NHSDA Information

With the importance given to statistics about drug use and abuse, you will have handouts to offer that were produced using NHSDA data. You may simply show these to interested or hesitant respondents who wish to see proof about how the information is used, or you may give copies to the respondents. The following will be provided to you:

- Highlights from the 1998 NHSDA (see **Exhibit 5.5**)
- NHSDA Preliminary Results (this publication is only available for you to show, not to distribute)
- Newspaper clippings about the NHSDA
- “SAMHSA News” Article
- List of Agencies who use NHSDA data.

Exhibit 5.3 Question and Answer Brochure

QUESTIONS AND ANSWERS ABOUT THE NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

WHAT IS THE NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE (NHSDA)?

The National Household Survey on Drug Abuse (NHSDA) is the Federal Government's primary source of national data on the use of alcohol, tobacco, and illicit substances. The survey also contains questions on health, illegal behaviors, and other topics associated with substance use. The NHSDA was initiated in 1971 and currently is conducted on an annual basis. This year approximately 70,000 individuals, 12 years old and older, will be randomly selected and asked to voluntarily participate.

The primary objectives of the NHSDA are:

- to collect timely data on the magnitude and patterns of alcohol, tobacco, and illegal substance use and abuse,
- to assess the consequences of substance use and abuse, and
- to identify those groups at high risk for substance use and abuse.

WHAT IS THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)?

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the United States Department of Health and Human Services (DHHS). SAMHSA was created in 1992 to provide leadership and a Federal focus for the Nation's mental health and substance abuse treatment and prevention programs. The NHSDA is used to help facilitate this mission by monitoring the nature and extent of substance use in the United States, as well as the consequences of this use.

HOW DOES THE GOVERNMENT CONDUCT THE SURVEY?

Under a competitive bidding process, SAMHSA selects a survey research organization to administer the NHSDA. Currently, Research Triangle Institute (RTI) is under contract to conduct the 2000 NHSDA. RTI, which is located in Research Triangle Park, North Carolina, and closely associated with the University of North Carolina, Duke University, and North Carolina State University, is a large, experienced research organization that has successfully conducted the NHSDA since 1988.

HOW ARE THE PARTICIPANTS SELECTED?

A scientific random sample of households is selected throughout the United States. Once selected, no other residence can be substituted for any reason. A professional RTI interviewer makes a personal visit to each household to ask several initial questions. One or possibly two residents of the household may be asked to voluntarily participate in the survey. If an individual is selected, no other person can be substituted. Since the survey is based on a random sample, each selected individual represents approximately 3,100 other United States residents.

WHAT IF A SELECTED INDIVIDUAL DOES NOT SMOKE, DRINK OR USE ILLEGAL DRUGS?

In order to know the percentage of people who do use these substances, we also have to know how many people do not. Therefore, the responses of people who do not use drugs are just as important as those of people who do. A participant need not know anything about drugs to answer the questions.

HOW IS THE SURVEY ADMINISTERED?

NHSDA data are collected in the privacy of the participant's home. A professional RTI interviewer personally visits each selected household to administer the NHSDA questionnaire using a laptop computer. For some items, the interviewer reads questions and enters the responses into a computer; however, the participant privately enters most responses directly into the computer. The survey takes approximately 60 minutes to complete.

WHAT ABOUT CONFIDENTIALITY?

Both SAMHSA and RTI are committed to assuring complete confidentiality of responses. Our interest is only in the combination of all responses nationwide—not anyone's individual answers. Participants' names are never recorded or associated with their answers. In fact, the Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study, which authorizes us to protect the privacy of individuals who are subjects of this study.

Exhibit 5.3 Question and Answer Brochure (Continued)

WHAT HAPPENS TO THE INFORMATION?

Each computerized interview datafile—which is identified only by a code number—is electronically transmitted to RTI on the same day the interview is conducted. The answers then are combined with all other participants' answers, and are coded, totaled, and turned into statistics for analysis. As a quality-control measure, participants may receive a telephone call or a letter from RTI to verify that the interviewer did complete the survey with them.

HOW ARE THE DATA FROM THE SURVEY USED?

Government agencies, private organizations, individual researchers, and the public at large use the data for a number of purposes. For example, the United States Public Health Service and state health agencies use data from the NHSDA to estimate the need for drug treatment facilities. Other federal, state, and local agencies use the information to support their drug use prevention programs and to monitor drug control strategies.

QUESTIONS AND ANSWERS
ABOUT THE

NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE



For more information on the NHSDA or SAMHSA, contact:

NHSDA Project Officer
SAMHSA, Office of Applied Studies
Parklawn Building, Room 16C-06
5600 Fishers Lane
Rockville, MD 20857

Internet Users: You may access more information about SAMHSA on the World Wide Web at:

<http://www.samhsa.gov>

Additional information about RTI is available at:

<http://www.rti.org>

Additional information about the National Household Survey on Drug Abuse is available at:

<http://nhsdaweb.rti.org>

Sponsored by
Substance Abuse and Mental Health
Services Administration

U.S. Department of Health
and Human Services

Conducted by
Research Triangle Institute
3040 Cornwallis Road
Research Triangle Park, NC 27709

Exhibit 5.4 Federal Confidentiality Certificate



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute on Drug Abuse
Bethesda, Maryland 20892
Office of the Director

AMENDMENT NO. 04

CONFIDENTIALITY CERTIFICATE
No. DA-91-83

EMPLOYEES OF THE RESEARCH TRIANGLE INSTITUTE
AND OTHER PARTICIPANTS

conducting research known as

"NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE"

In accordance with the provisions of section 301(d) of the Public Health Service Act (42 U.S.C. § 241(d)) this Amendment to the original Certificate dated August 1991, is issued in response to the request of the Principal Investigator, _____, Survey Research Division, Research Triangle Institute, P.O. Box 12194, Research Triangle Park, North Carolina 27709, to protect the privacy of research subjects by withholding their identities from all persons not connected with the research. _____ is primarily responsible for the conduct of this research.

Under the authority vested in the Secretary of Health and Human Services by that section, all persons who--

1. are employed by the Research Triangle Institute and its contractor and cooperating agencies including the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA); and
2. have, in the course of that employment, access to information which would identify individuals who are the subjects of a research project referred to as "National Household Survey on Drug Abuse,"

are hereby authorized to protect the privacy of the individuals who are the subjects of that research by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

The purpose and all other aspects of this research project remain unchanged. The purpose of the amendment is to extend the expiration date from the end of December 1999 to the end of December 2000. The Principal Investigator has requested the extension in accordance with section 301(d) of the Public Health Service Act (42 U.S.C. 241(d)).

Date: 11/5/99

Director

Exhibit 5.5 NHSDA Highlights

*HIGHLIGHTS from the 1998 National Household Survey on Drug Abuse**

Illicit Drug Use

- In 1998, an estimated 13.6 million Americans were current illicit drug users, meaning they used an illicit drug at least once during the 30 days prior to interview. Although this number is slightly less than the 13.9 million estimate for 1997, the difference is not statistically significant. The rate was highest in 1979 when the estimate was 25.0 million.
- In 1998, 9.9 percent of youths age 12-17 reported current use of illicit drugs. This estimate represents a statistically significant decrease from the estimate of 11.4 percent in 1997. The rate was highest in 1979 (16.3 percent).
- 8.3 percent of youths age 12-17 were current users of marijuana in 1998. The prevalence of marijuana use among youth did not change significantly between 1997 when it was 9.4 percent and in 1998. After reaching a low of 3.4 in 1992, the rate of marijuana use has fluctuated between 7.1 percent and 9.4 percent in recent years.
- An estimated 1.8 million (0.8 percent) Americans age 12 and older were current users of cocaine in 1998. The estimate was 1.5 million (0.7 percent) in 1997; the difference is not statistically significant.
- The percent of youths reporting current use of inhalants decreased significantly from 2.0 percent in 1997 to 1.1 percent in 1998.
- An estimated 4.1 million people met diagnostic criteria for dependence on illicit drugs in 1997 and 1998, including 1.1 million youths.

Alcohol and Cigarette Use

- In 1998, 113 million Americans age 12 and older reported current use of alcohol, meaning they used alcohol at least once during the 30 days prior to the interview. About 33 million of this group engaged in binge drinking, meaning they drank 5 or more drinks on one occasion during that 30 day period. 12 million were heavy drinkers, meaning they had 5 or more drinks on one occasion 5 or more days during the past 30 days. The percentages of population falling into these different groups have not changed since 1988.
- About 10.5 million current drinkers were under the age of 21 in 1998. Of this group, 5.1 million engaged in binge drinking, including 2.3 million who would also be classified as heavy drinkers. There have been no statistically significant changes in the rates of underage drinking since 1994.
- An estimated 60 million Americans age 12 and older reported current cigarette use, meaning smoking cigarettes at least once during the 30 days prior to the interview. This estimate represents a rate of 27.7 percent, which is a statistically significant decline from the 1997 rate of 29.6 percent.
- Among young adults age 18-25, the current rate of smoking has increased from 34.6 percent in 1994 to 40.6 percent in 1997 and 41.6 percent in 1998.
- An estimated 18.2 percent of youths age 12-17, or 4.1 million, were current cigarette smokers in 1998. There was no significant change in this rate between 1997 and 1998. Youths age 12-17 who currently smoked cigarettes were 11.4 times more likely to use illicit drugs and 16 times more likely to drink heavily than nonsmoking youths.
- The rate of current cigar use among those 12 and older increased from 5.9 percent in 1997 to 6.9 percent in 1998, which is a statistically significant increase. An estimated 5.6 percent of youths age 12-17 were current cigar smokers in 1998. This compares to 5.0 percent in 1997, which is not a statistically significant difference.

Perceived Risk and Availability of Drugs

- Between 1997 and 1998, there was no change in the percentages of youths age 12-17 reporting great risk from using cigarettes, marijuana, cocaine, or alcohol.
- 56 percent of youths age 12-17 reported marijuana was easy to obtain in 1998. 21 percent said it was easy to obtain heroin. 14 percent of youths reported being approached by someone selling drugs during the 30 days prior to the interview. None of these measures changed significantly between 1997 and 1998.

* "Summary of Findings from the 1998 National Household Survey on Drug Abuse," DDHS/OAS/SAMHSA, August 1999.

Exhibit 5.5 NHSDA Highlights (Continued)

Table 19. Percentages Reporting Past Month Use of Any Illicit Drug, by Age Group and Demographic Characteristics: 1997 and 1998

Demographic Characteristic	AGE GROUP (Years)								Total	
	12-17		18-25		26-34		35 and Older		1997	1998
	1997	1998	1997	1998	1997	1998	1997	1998	1997	1998
TOTAL	11.4*	9.9	14.7	16.1	7.4	7.0	3.6	3.3	6.4	6.2
RACE/ETHNICITY										
White, non-Hispanic	11.8	10.3	15.1	17.6	8.4	7.1	3.6	3.2	6.4	6.1
Black, non-Hispanic	11.0	9.9	15.5	17.1	7.0	9.4	4.4	4.8	7.5	8.2
Hispanic	10.5	9.9	10.5	11.1	3.8	5.4	3.7	3.5	5.9	6.1
Other, non-Hispanic	10.4	6.2	17.9	8.4	3.2	4.3	*	1.7	5.4	3.8
GENDER										
Male	12.3*	10.3	19.6	20.5	9.6	9.8	5.0	4.4	8.5	8.1
Female	10.6	9.5	9.6	11.7	5.2	4.3	2.3	2.4	4.5	4.5
POPULATION DENSITY¹										
Large Metro	11.8	10.0	14.8	15.0	8.6	7.7	3.2	3.8	6.5	6.4
Small Metro	12.7	10.6	16.9	18.9	5.7	7.4	4.4	3.4	7.1	7.0
Nonmetro	9.0	8.8	10.8	12.8	7.3	4.7	3.0	2.3	5.2	4.6
REGION										
Northeast	10.5	10.7	12.7	15.6	4.3	7.2	2.5	2.9	4.7	5.8
North Central	12.2	11.6	13.6 ²	21.3	9.7	7.0	4.3	2.6	7.3	6.7
South	10.7 ³	7.8	13.6	13.1	6.2	6.6	3.1	3.2	5.8	5.5
West	12.7	11.0	19.2	16.0	9.3	7.6	4.6	4.7	8.1	7.3
ADULT EDUCATION²										
<High School	N/A	N/A	17.9	20.6	9.6	9.8	3.7	2.7	6.8	6.5
High School Grad	N/A	N/A	15.0	16.1	6.8	8.2	3.8	3.4	6.0	6.2
Some College	N/A	N/A	14.2	16.3	9.3	6.7	3.7	3.8	6.9	6.9
College Graduate	N/A	N/A	8.7	7.3	5.0	4.8	3.1	3.2	3.8	3.7
CURRENT EMPLOYMENT³										
Full-time	N/A	N/A	13.5	15.6	7.2	6.9	4.8	4.3	6.5	6.4
Part-time	N/A	N/A	16.1	17.1	8.5	10.4	2.7	2.3	7.7	7.4
Unemployed	N/A	N/A	19.2 ⁴	28.2	15.5	14.7	10.3	14.4	13.8	18.2
Other ⁵	N/A	N/A	14.0	12.9	4.6	3.4	1.6	1.4	3.0	2.8

*Low precision; no estimate reported.

N/A: Not applicable.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.

¹ Population density is based on 1990 MSA classifications and their 1990 Census of Population counts.

² Data on adult education and current employment not shown for persons aged 12-17. Estimates for both adult education and current employment are for persons aged ≥ 18.

³ Retired, disabled, homemaker, student, or "other."

⁴ Difference between 1997 and 1998 is statistically significant at the .05 level.

⁵ Difference between 1997 and 1998 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1997 and 1998.

5.3 Explaining the Survey and Answering Questions

Your screening introduction provides potential respondents with a general idea of what to expect from the study. Many people are satisfied with the explanation in the introductory statement. Others will have questions or concerns. Use your knowledge of this particular study, as well as your knowledge of survey research in general, to answer the respondent's questions and address any specific concerns.

If you do not know the answer to a question, offer to find out the answer either right away or later, depending on how important it is to the participation of the potential respondent. If the respondent's participation rests on getting an answer immediately, offer to call your FS first and, if necessary, your RS to resolve the problem. Use the toll-free numbers when calling from a respondent's home.

Use the Q & A Brochure and other NHSDA publications freely with reluctant respondents. Be very familiar with the contents of the brochure. In addition, some of the most common questions asked by respondents and the appropriate responses are shown in **Exhibit 5.6**. Study these carefully so that you become very skilled in using this information. It is crucial that you be completely comfortable explaining the survey to potential respondents.

Exhibit 5.6 Answering Questions

<u>Questions</u>	<u>Possible Response</u>
“Why me? Why this house?”	Your household was randomly chosen through scientific sampling procedures. It represents thousands of households across the nation.
“Will my answers be kept private?”	Absolutely. No answers will be connected with any individual. Our interest is only in the set of all responses. Your name will never be identified with your answers.
“Who is RTI?”	Research Triangle Institute (RTI) is a private, not-for-profit research organization located in North Carolina. Closely associated with the University of North Carolina, Duke University, and North Carolina State University, RTI conducts various forms of laboratory and social research for government and industrial clients. RTI’s role in the survey is that of sampling, field data collection (interviewing), and reporting the results.
“How long will screening take?”	The screening questions only take a few minutes. Once these are completed, we will know if anyone in your household has been selected to be interviewed. Then I will, if necessary, explain the time needed to answer the more detailed questions.
“How long will the interview take?”	The average time for the interview varies, but it generally takes a little less than an hour. Of course, each person may take a little more or less time depending on that individual. I think you’ll be surprised at how fast the time goes. If now is not a good time, we will, of course, schedule the interview at whatever time is more convenient for you.
“What’s the study all about?”	The federal government is trying to assess and monitor the nature of alcohol, tobacco, and drug use in this country. Studies such as this enable researchers to learn about the results of current programs and to better plan new programs to help with this national problem.
“I don’t know much about drugs.” “I don’t do drugs — how can I help?”	In order for the federal government to correctly assess the possible problems in this area, they need the help and opinions of <u>all</u> kinds of persons. Only in this way can they learn about the attitudes and practices of <u>all</u> Americans.

5.4 Overcoming Objections

Most individuals are friendly and willing to cooperate but a few individuals will have concerns, objections, suspicions, or fears. What may appear to be a refusal to cooperate may be just an expression of concern or a need for more information about the study, the procedures, or the background of the research. The following points should help you to reduce or eliminate “refusals” when making contacts:

- Do not invite refusals. An air of apology or defeat can sometimes trigger a refusal. Assume that the respondent will want to participate.
- A friendly, confident and positive manner — assertive but not aggressive — will usually have positive effects.
- Listen carefully to the respondent’s comments and try to determine the basis for objections. Then target your responses to those objections or concerns.
- A little more detail about the study, the procedures, confidentiality, or the time involved may answer the “unasked” question. Sometimes the best technique is to simply ask “Is there something more I can explain to you about your participation in this study?”

If you are unable to overcome a respondent’s objections and the person simply will not consent to the screening, then accept the refusal as courteously and graciously as possible and thank the person for his/her time. Do not pressure, argue, or otherwise alienate the person. **Whatever the circumstance of the refusal, always remember to be professional, courteous, and friendly.** Your goal is to leave the door open for another contact by you or by someone else to secure a promise of cooperation. **Exhibit 5.7** contains common reasons given by respondents for refusing a screening or an interview. Different reasons need to be countered with a different emphasis in response. It is important to listen to the respondent’s comments and tailor your response to the respondent’s concerns or need for information.

Record the code for the refusal in your Newton, then indicate the specific reason on the **Refusal Report** screen. Additionally, record any pertinent facts or impressions about the situation in the Comments section. When you transmit data from your Newton to RTI, the refusal report information automatically generates a refusal conversion letter request. The next day, your FS will see the refusal on the Website, and he/she can either release the letter or keep the letter on hold until discussing the case with you. Once the FS releases the refusal conversion letter, it is printed and mailed the next business day. As needed, check with your FS so you can time your return to the residence to roughly coincide with the receipt of the letter.

Exhibit 5.7 Countering Refusals

Reason for Refusal

Response

“Too busy” / “No time”

Explain that the screening takes only a few minutes. At a minimum, attempt to conduct the screening to see if any one is selected — the person at the door with “no time” may not even be eligible for an interview.

If a respondent (or two) is selected for an interview, stress that you will work around their schedule. Make an appointment to conduct the interview or arrange for a convenient callback time.

Appeal to the respondent’s sense of civic responsibility and pride in every way possible — busy people may be involved with many activities because of a social conscience. Leave the Q&A Brochure, which may nurture an interest in participation.

“Don’t want to give the government personal information”/ “Don’t like surveys” / “Don’t feel teen should hear about drugs”

The objective is to assure respondents the survey is not invasive and their privacy will be maintained — by explaining the survey’s design and the manner of administration. Stress that our interest is only in the **total** of all responses nationwide, not in individual answers. No individual respondent will be connected to any of the responses in any way.

Also stress the importance of survey research in public policy — policies the respondent helps pay for with taxes. Explain that in order to learn about the impact of various programs, government agencies conduct surveys. Stress that this is their opportunity to **contribute** to the formation of public policy.

For parental refusals, mention the DARE (Drug Abuse Resistance Education) program. Almost all young people today have been through DARE and have already been exposed to the information about drugs. Encourage the parent to allow the teen to be part of the formation of public policy by participating in the study.

Exhibit 5.7 Countering Refusals (*Continued*)

<u>Reason for Refusal</u>	<u>Response</u>
“Can’t be sure it’s confidential” “Need to verify this is a legitimate study”	Be sure to listen carefully to what respondents are telling you. Rather than automatically assuming their questions about confidentiality are an expression of distrust, inquire enough to see if what they really need is more information. Show the Q & A Brochure. It answers some key concerns regarding the study. If they have Internet access, encourage them to look at the information on the NHSDA respondent Website [http://nhsdaweb.rti.org].
“Nothing in it for me” Uncooperative	Stress the importance of survey research in public policy — policies the respondent helps pay for with taxes — and that this is their opportunity to contribute to the formation of public policy.
“I have to talk to my husband first” “I think my (social) worker sent you”	Consider that these people are responding to what another person or force might think about their participation. Assure them you are a legitimate field interviewer and that their responses are totally confidential — their husband (or the INS or the welfare workers or the Court system) will never know of their participation in the survey. For parents who will not let their teen participate, share the informational materials with them and emphasize how important it is to let young people feel they are making a contribution — how that helps build teens into responsible adult citizens. Explain the importance of participation by every selected respondent since each represents thousands of other Americans and cannot be replaced .
“I’m not feeling very well” “My house is too messy for you to come in” “I’m not really dressed”	In these cases, you have caught the person at a bad time but the situation is temporary, and at another time the respondent will likely agree to be screened or interviewed. Ask when would be a better time to come back and set an appointment if you can.

5.4.1 Refusal Reasons

The refusal conversion letters, available in English and Spanish, are tailored to the primary refusal situations encountered in the field. Copies of the refusal letters are provided in **Appendix C** of this manual. So that you can better understand how to categorize a refusal reason, the refusal categories are shown as they appear in the Newton and explained here:

1. Too busy/no time/did too many surveys already

The number one reason for refusals is lack of time. Modern life can be very demanding — many people are overextended and see no relief in sight. They may be civic-minded and have already participated in a number of other surveys. On the day you called on them, they were particularly overwhelmed and felt they could not spare the time for one more thing — they may even have said they had no time, ever.

2. Surveys (or Government) too invasive/doesn't want teen exposed to subject

These people feel (to varying degrees) that surveys, the government in general, or the subject of the survey are an invasion of their privacy. They may use phrases such as “surveys are a waste of time and money,” “I never do surveys,” or “surveys are too personal.” They may also state that they do not like putting such personal information onto a computer or that they have philosophical, religious, or political reasons for not participating in surveys. In the case of parents, they may be concerned about exposing their teen to the subject matter of the survey.

3. Clarify confidentiality, legitimacy, or selection

Be sure to listen carefully to what residents are telling you — they may simply be seeking clarification or may need more information. Questions about the legitimacy of the study or how the confidentiality is guaranteed may be the root of their refusal. They may not have been listening very well when you explained the study and still need help understanding the nature of the study. Or they may not be computer-literate and are afraid of conducting an interview on a laptop.

4. “Nothing in it for me”/uncooperative

Although rare, there are those people who are simply uncooperative — they either will not give a specific reason for their refusal or feel that since there is nothing in it for them, there is no reason to cooperate.

5. Parent or HH member disallows/Welfare or INS concerns

Sometimes people refuse to participate because of an outside force that is controlling their behavior, not because of the actual survey. That outside force may be another person, such as a spouse or a parent, who has a strong interest in what the respondent does. That outside force may be institutional or a social force, such as immigrants concerned that you actually work for the Immigration and Naturalization Service (INS) or welfare recipients concerned that their household status is being investigated.

6. Too ill/house messy/not dressed

Refusals in this category are situational and will not generate a refusal letter. They refused because you called on them at a time when their temporary circumstances did not permit them to participate.

7. Need to discuss with FS

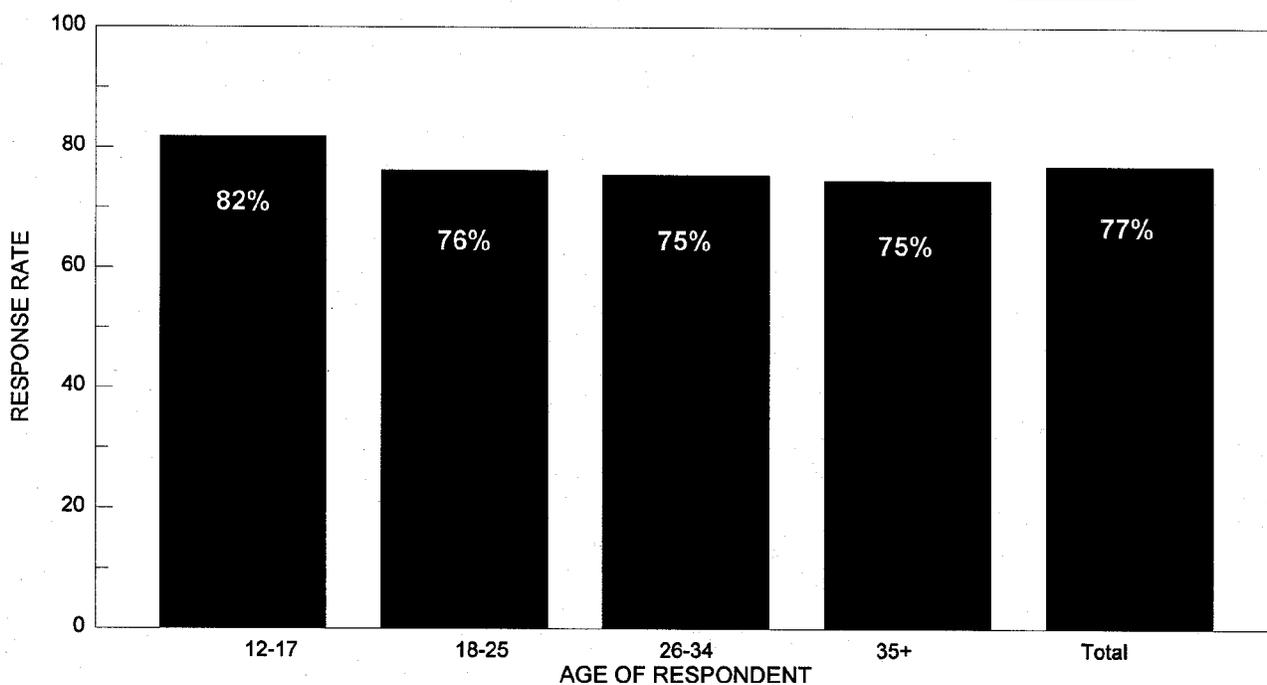
In some cases, a respondent will say they are refusing for one reason but based on other comments the respondent made, you feel there is an underlying or unspoken reason for the refusal. Additionally, sometimes a respondent gives a refusal reason that does not appear to fit into any of the categories listed in the Newton. In these instances, rather than selecting a questionable refusal reason thereby generating an inappropriate refusal conversion letter, select this option and make very explicit notes in the Refusal Comments section. Your FS will see this information the next day on the project Website and talk with you about this refusal.

Do not rely on memory to recount the events surrounding the refusal to your FS. Making notes in the Newton at the time of the refusal will help you adequately and objectively discuss the situation with your FS. It will help your FS decide if a follow-up letter is appropriate to assist you or another FI in later contacts. Once your FS has discussed a questionable refusal with you, he/she will assign a reason and determine the timing of the printing and mailing of the letter, if appropriate.

Though refusals may be discouraging, learning to handle them professionally — and not personally — will be the most successful approach in the long run. Do not allow refusals to change your positive attitude and approach when interviewing. Even the best interviewers experience occasional refusals; it is not necessarily a reflection of your ability as an interviewer. The important thing is to learn from refusals and then begin again with the next household.

The figures below report our interview response rate experience for the 1998 NHSDA. The interview response rate is the proportion of those who complete the interview compared to the total number of people selected to participate. As you can see, it can be more difficult to obtain the participation of those above 35+ (those more likely to be busy with jobs and families), but even among this age group, 75% of all eligible respondents actually completed the survey.

1998 NHSDA Interview Response Rates by Age
Summary



5.5 “Tips” on Obtaining Participation

Several years ago, RTI conducted a special survey of non-respondents (people who declined to participate) in a major national field study. People who had refused to participate in the study were recontacted to learn if, and how, non-respondents differed from participants. After the study was completed, we held a debriefing conference with the field interviewers who worked on the special study. They discussed the techniques that were successful in obtaining participation. The following paragraphs summarize the findings from those discussions.

To be successful at interviewing, you must develop your own particular style and then interact with potential respondents in a way that is comfortable for you. When you are developing **your** style, please keep the following “tips” in mind:

- A positive attitude is crucial when interacting with potential respondents. You need to feel confident about yourself and your knowledge of the survey in order to create a positive atmosphere. If you approach the door with an air of uncertainty, the potential respondent may:
 - question the validity of the survey
 - view the survey negatively and reduce its importance
 - be more likely to say “no” when asked to participate.

If you are not enthusiastic and knowledgeable about the study, the potential respondent is not likely to be interested in participating.

- Persistence is the key to gaining cooperation. For not-at-home cases, you must attempt to reach someone at different times of the day and on different days of the week. Talk to a neighbor to find out a time when the potential respondent is most likely to be at home.

If you are unable to persuade the potential respondent to participate during one of your visits, say “I’ll come back when you are not as busy,” or “I’ll stop by the next time I’m in the neighborhood.” These statements leave the door open for recontact, since they imply a respect for the person's reason not to participate at this time. Before leaving, give potential respondents a Q&A Brochure for review. If they have Internet access, suggest they look at the NHSDA respondent Website at <http://nhsdaweb.rti.org>. For your information, the content of the respondent Website is shown in **Appendix D**.

- Stress the confidentiality of the survey, emphasizing that answers are only reported as totals and individual names are *never* associated with answers.
- Make sure every potential respondent feels how crucial he/she is to the overall success of the survey. Respondents should know that they are unique because due to the precise nature of the sampling procedures, no one selected for the survey can be “replaced” by someone else.
- Most people today are very busy and do not have much free time. They may not wish to spend what free time they have to participate in a long interview. Instead of saying,

“The questions will take about an hour to finish,” try something more like, “The questions will take about an hour to finish but the length varies and depends on the individual. Let’s start and see how it goes.” Be honest but do not dwell on the time involved. Many people will tell you that they do not have an extra hour but will stand at the door and discuss the survey with you for 45 minutes!

- Finally, you must provide thorough documentation of all attempted contacts in the Record of Calls on your Newton. Record the details of what happened during each contact. It may give you useful information if you have to initiate further contacts, such as refusal conversion attempts. Review your documentation before the next contact and plan and organize your approach. For example, if a potential respondent said he/she had a sick child and did not have time to participate, begin your recontact with “I hope your child is feeling better.” Remembering these details will help build a positive relationship with the potential respondent. Such “tailoring” of the approach conveys interest and respect for the respondent’s situation and is often the key to obtaining cooperation.

5.6 Importance of Interviewer Style

An interviewer’s appearance and style of delivery establish an initial impression that can either alienate the respondent or encourage cooperation. You should project a professional manner that you can modify according to the circumstance. The basic elements of a professional approach include:

- showing proper identification and supporting documentation
- displaying a thorough knowledge of the purpose of the project and its materials
- delivering a courteous straightforward presentation
- conveying respect for the respondent.

While exhibiting these behaviors, you should also attempt to “fit in” to the neighborhood by dressing and acting like the majority of individuals in the area. The goal is to reduce respondent suspicion.

Good rapport is probably the most important tool of the interviewer and you can achieve this by being sensitive to the respondent and the respondent’s living conditions. During phone conferences with your FS, discuss your approach to non-completed cases and attempt to define the potential respondent’s reaction. *Be aware of how the respondent is reacting to you.* The eventual aim is to develop the ability to predict and even modify respondent reaction. Once you can do this, you will be more successful in avoiding refusals. You will be better equipped to counter respondent objections with an appropriate response.

An abrasive manner is not desirable. Although an aggressive interviewer can occasionally “bully” respondents into participation, this tactic is not required nor appropriate and is unethical and unprofessional. On the other hand, an interviewer who is too passive will be unsuccessful. Passivity conveys a lack of confidence or commitment to the survey. This attitude will not motivate the neutral

or uninterested respondent. You must “win over” such a respondent and convince him/her of how important it is to participate. In essence, you must “sell” the value of the survey to each potential respondent. To do this effectively, you must be thoroughly convinced of the importance of the work. If you are not convinced of the validity and importance of the project, the respondent will not be convinced either.

5.7 Local Social Climate

Some refusals will occur no matter how effective and adaptive you are. These can be due to factors outside your control and may or may not be situations that you, or your supervisor, can counter. If a neighborhood is experiencing a series of household break-ins or personal assaults, residents may be particularly reluctant to let you into their homes. This type of information will be readily revealed to you once you begin work in the neighborhood. If a respondent reports such circumstances, it is a good idea for you or your FS to contact local police to inform them of your presence in the area. Also, you may choose to wait and return to the neighborhood at a calmer time. In neighborhoods where residents are very suspicious, engaging the services of a local person can be very effective (a member of a local community group or clergy) so residents recognize the familiar face upon approach. Such a person must be chosen carefully, and you must restrict the involvement of this individual, since confidentiality is the cornerstone of the study. As with any third party, this person must not be present during the administration of the interview. See **Section 5.9** for more information on using escorts.

5.8 Controlled Access Buildings/Gated Communities

Occasionally you may encounter an apartment building, group of buildings, or entire community that you cannot readily enter. This may be for many reasons, such as:

- a guard, doorman, or front gate personnel
- security-coded door bells
- access codes needed to open doors or gates
- intercoms used to announce the presence of a visitor
- key required to gain access to the entrance or doorbells.

Each of these circumstances can present a unique set of problems when you attempt to contact SDUs. However, few of these locations are impossible to enter. Interviewers have been successful by

carefully observing the situation, contacting the proper personnel and then providing a thorough explanation of the study. Some tips that may help in gaining access include:

- Always display your ID badge prominently.
- Carry extra copies of the lead letter and Q&A Brochure.
- Be observant. Look for signs or plaques mentioning the name of the manager or owner of the building.
- Tell the guard or doorkeeper that you are not selling anything, you are not going door-to-door, and you have specific units to visit. Explain that you have sent a letter (show copy) and that the individual residents were notified and may be expecting your visit. State that this is not a marketing survey.
- Be persistent. Go ahead and do your absolute best to gain entry during your initial visits. Sometimes as more time goes by, the situation becomes more challenging. The guard may ask a supervisor about you without allowing you to present your story or may become more stubborn about not allowing you to do your job.
- If it becomes necessary to speak to a manager or owner, emphasize how important the survey is and that RTI has strict rules about privacy and confidentiality. Tell the manager that the interview is voluntary and that you will give the respondent the opportunity to make an informed decision about participating in the study.
- If necessary, ask your FS to send a letter to the management of the location explaining your visit and asking for their cooperation. The FS might find it necessary to contact a housing board or association in person.

Each situation is unique. You should diligently explore every avenue possible, remaining open to methods or approaches that may vary considerably based on location. In most cases, you should gather all relevant facts possible, then call your FS to discuss a plan of action. As mentioned, a letter may help. Your FS has a copy of RTI's "Guide to Controlled Access Situations" plus information from RTI's Website about controlled access situations identified during other phases of the study. Your FS can access these resources to locate additional ideas about how to gain access to problem areas.

5.9 Using an Escort

Since our study uses a random sampling procedure, the neighborhoods selected will represent all types of communities. In those areas where you feel you are at increased risk, the use of an escort is encouraged. In addition, your FS may suggest an escort if you are working in an area where neighborhood suspicion is high and cooperation is low. In either case, you must get verbal approval from your FS before using an escort. Escorts are reimbursed on an hourly basis by you (see **Section**

11.6 for details) and can be local residents of a given neighborhood, local clergy, your friends/family or official off-duty police escorts. The use of police escorts must be cleared in advance through your FS, since this could intimidate respondents if not handled carefully. We do not want to alienate respondents, but we also do not want interviewers placed in dangerous situations. You will need to be very aware of the social climate in your segments since it can have a direct impact on your success.

Escorts should travel with you and act as a second presence in the area but usually should not accompany you to the door. With our heavy emphasis on confidentiality, we want our approach to the actual household to be as nonthreatening as possible. Escorts should remain in the car or in a public area of the building while you work.

5.10 Working Safely

When working in what you feel is a high-risk area, you should always discuss the situation with your FS. Following are some general safety tips on working safely and smartly.

Area

- Be aware of the area — assess the situation and observe people. Stay alert and tuned in to your surroundings. Do not daydream. Know where you are going and walk with confidence.
- Observe where you can find the nearest telephone, business, police station, fire station, or public building, and know their hours of operation.
- Put possessions in the trunk of your car before entering the area. Do not leave things visible in your car, particularly your computers.
- Carry computer equipment as inconspicuously as possible.
- Talk to children. They can be helpful passing along information about who you are.
- If anyone asks who you are, briefly tell them who you are and what you are doing. They may pass the word along.
- Park your car in a convenient area. Move it as necessary as you work.
- Avoid taking short cuts through dark or wooded areas. Avoid walking in areas where there are tall hedges or shrubs.

Dress

- Do not wear jewelry.
- Do not carry a purse. Put your keys, a couple of dollars, and change for a pay phone in a pocket.
- Keep your FI photo ID badge visible.
- Keep your dress professional; not too casual.

Multi-unit Buildings

- Carry a flashlight — apartment building hallways can be dark even during the daytime. Often light bulbs are burned out or broken.
- Make noise, such as a low whistle or rattle your keys as you walk in the hallway or up a stairway. You do not want to startle or surprise anyone who might be hanging around.
- Go right to the selected apartment and do your business — don't look interested in what people are doing in the hallway. Do not stare. You should acknowledge them with a nod, smile, or brief eye contact, but go directly to the apartment — that's your task.
- Be aware, but do not concentrate on any other things going on in the apartment building. Your main function is to find the selected apartment. If you look too interested people will think, "What do you want — what are you looking at?"

5.11 The Working Environment of a Field Interviewer

When you hear someone talking about "going to work," you may think of a person commuting to an office to spend eight hours behind a desk. Or perhaps you think of someone in the service industry who spends work time waiting on customers or preparing food. These people work in one location. There are others who work out of their home, using a computer and a telephone. Or maybe you know someone who drives a delivery truck, driving and carrying packages to homes or businesses.

When you go to work on the NHSDA as a Field Interviewer, your work environment may fall into one of three settings:

- in your home preparing supplies, planning your next trip to sample neighborhoods, conferencing with your FS via telephone, or transmitting data to RTI
- commuting to/from sample areas using a personal automobile, public transportation, or on foot
- on a respondent's property, either inside or outside, conducting the screening or interview.

Each setting has its own conditions that can affect your personal safety. This section covers details of how you can work more safely in each of your work settings.

5.11.1 The Home

The NHSDA has various kinds of supplies and materials: interviewer manuals, computer equipment, assignment kits and bulk supplies (handouts, brochures, etc.). Organizing these materials allows you to work more efficiently and more effectively. This section focuses on how to store and use these materials so you can work more safely.

Select some specific place in your home where you can keep all of your NHSDA materials. This place needs to be away from common traffic areas and away from curious little ones, whether children or pets.

Probably the biggest safety issue when working from home is how to safely move heavy supplies. Some tips from a “Safetyclips” article appearing in the February 1997 issue of the National Safety Council’s *Safety+Health* magazine¹ are provided in the following sections. Points to consider when moving NHSDA (or any other) items in your home are listed in **Exhibit 5.8**.

5.11.2 Traveling To, From and Within a Segment

While a few field interviewers use only public transportation, most FIs need to drive a vehicle to accomplish work in the field. Every time you get behind the wheel of a car an accident is possible. So when in your “automobile office,” you need to be constantly thinking of how you can drive safely.

The Allstate Insurance Company offers the following information on Auto Safety through their Website (www.allstate.com). This information includes material from the National Safety Council’s *Defensive Driving Course* and their annual publication *Accident Facts*. Please carefully read the excerpt regarding driving safely included as **Exhibit 5.9**.²

Another good way to stay safe on the road is to simply “be nice,” even if it means giving up your right-of-way. For FIs driving to unfamiliar areas: study the maps before you go. If you must consult a map while traveling, pull over. Do not try to read the map while driving.

In its recently published *Defensive Driving: The Best Offense*, the National Safety Council gives the suggestions included in **Exhibit 5.10** to help prevent collisions at intersections.

Exhibit 5.8 Moving Supplies Safely

- Before lifting:
 1. Check the path through which you will carry the object. It should be easy to see and free of obstructions or spillage that could cause you to trip or slip.
 2. Don't overestimate your ability to carry the object the entire distance without setting it down to take a rest.
 3. Take a preliminary "heft" of the load to make sure you can carry it. If not, get help. *(Please use extreme care if you decide to test the weight of the load in this manner [added note]).*
 4. If more than one person does the lifting/handling, they should be of similar height and physique. One person should give the command to lift, etc.

- When you lift:
 1. Set your feet about 10 to 15 inches apart, with one in front of the other.
 2. Bend your knees or assume a squatting position, keeping your back straight and upright, get a firm grip on the object, and lift by straightening your knees — not your back.
 3. Carry the load close to your body. To turn or change your position, shift your feet — do not twist your back.

- Reverse the steps to set down an object.

Exhibit 5.9 Driving Safely

The Collision Prevention Formula

- Recognize the hazards: continuously scan the road ahead and behind, checking your mirror every 3 to 5 seconds.
- Understand the defense: continuously scan the road for possible hazards. Play the “what if” game by thinking “what if” the driver in front of me stops suddenly? “What if” someone runs a red light at the next intersection? “What if” that driver in the oncoming lane....
- Act correctly in time: think ahead, anticipating what other drivers’ actions might be to avoid hazardous or dangerous situations before it’s too late.

Help avoid collisions through proper vehicle maintenance. That means keeping clean windows and properly adjusted mirrors as well as regular engine servicing. Remember, *you* can be held responsible for the little as well as the big defects in your car.

Know, Show, Slow, Go

Know the rules for intersections and know which way you plan on going before you arrive at the intersection. *Show* your intentions with signals and proper lane position before entering it. *Slow* down as you approach the intersection, and have your foot over the brake. *Go* only after you’ve checked to make sure the coast is clear. Don’t assume that the other driver knows what to do at the intersection or that the driver will follow the rules.

The weight of your car is the major determining factor in how long it takes you to stop. The heavier the car, the longer it takes to stop. On average, at 65 miles per hour it will take you the length of a football field to stop your car completely. Keep in mind that anti-lock braking systems (ABS) may help you stop without swerving in a skid stop, but they will not help you stop in a shorter distance.

The Two Second Rule

Follow the Two Second Rule. Watch the vehicle ahead of you pass a fixed object or point, like a pole or mile marker. Begin counting: "One thousand and one, one thousand and two." If your car reaches that marker before you finish counting, you are following too closely. Ease up and check again.

Exhibit 5.9 Driving Safely (*Continued*)

In adverse conditions, use **The Two Second Plus Rule**: Add one second of following distance for each adverse condition. Adverse conditions include:

- driving at night, or in fog, rain, or snow
- driving behind a truck or vehicle, making it difficult for you to see ahead
- driving behind a motorcycle
- driving through an intersection.

If you can't see a truck driver in the truck's side mirror, then that driver can't see you or your car — you're in the vehicle's blind spot and should pull out of it as soon as it is possible and safe.

Practice the 4 Rs

Head-on collisions are the most violent type of auto accident. Practice the 4 Rs:

- *read* the road ahead.
- *reduce* your speed.
- drive to the *right*.
- *ride* off the road if necessary.

A driver who's coming head-on toward you in your lane may "wake-up" and realize they've crossed into your lane, and then correct the error by heading to your *left*, or back into their proper lane. So, drive *RIGHT* and off the road if necessary. Don't swerve left.

Exhibit 5.10 Defensive Driving Tips

- When the light is green:
 - (1) If the light has been green for a while when you reach the intersection, get ready for it to change; put your right foot on the brake and prepare to stop.
 - (2) If you're stopped at a red light and it turns green, check to see that traffic has stopped on the intersecting street. Look left, then right, then scan left before you proceed. If you rush out into the intersection without checking, you are more liable to have a collision.
- When the light is yellow: a yellow light does not mean “press your gas pedal to the floor and rush through the intersection.” This light is meant to give you time to clear the intersection when you’re driving through it — not when you're approaching it.
- When the light is red: a red light always means you must come to a complete stop. Many states allow a driver to turn right on red — but only when conditions are suitable and:
 - (1) when there is no sign posted that prohibits a right on red
 - (2) when your vehicle has come to a complete stop in the extreme right-hand lane
 - (3) when all traffic is clear
 - (4) when pedestrians are clear of the crosswalk.

Unfortunately, in spite of your best attempts at prevention, sometimes an automobile accident does happen. State Farm Insurance company offers the information shown in **Exhibit 5.11** on its Website (www.statefarm.com) regarding the proper steps to follow if you are involved in an automobile accident.

RTI adds to that list: If the accident occurs while you are working on the NHSDA, DO notify Headway and your FS about the accident as soon as is practically possible.

Driving isn't the only way you travel during your work as a field interviewer. Even if you drive to a segment, you do a lot of walking going from one selected unit to the next. Consider for a moment how you walk, and how you can walk more safely:

1. It's natural to take bigger strides when you're in a hurry, but this can increase your chance of falling. This is especially true if the ground is rocky, uneven, damp or icy. So slow down and take shorter steps.
2. Make a wide turn at corners. This will help you to see who, if anyone, is on the other side, and can help to prevent a collision.
3. As much as possible, choose a well-lit path when it's dark outside. Be wary of dark areas such as alleys or unlit streets. If you're inside, check that a light is turned on before you walk through a room or hallway.
4. Be careful going from the dark into sudden bright light. You can be temporarily blinded, so you need to give your eyes time to adjust to the lighting difference. Slow down or stop until you can see where you're going.
5. As much as possible, choose walkways and aisles that are clear of debris and clutter.
6. Use extra caution when climbing and descending stairs — even if it's only two or three steps.
7. Use handrails when they're available.
8. Take only one step at a time. Don't try to bound up stairs two or three at a time.
9. Be sure you're not carrying too many materials in your arms; this can negatively affect your balance and can keep you from seeing where you're going.
10. Always be on the lookout for loose stair runners, broken boards, debris, or slippery spots on the stairs.
11. Be careful when stepping off of a curb. Be sure to assess the depth to avoid ankle twists, slips, or falls.

Exhibit 5.11 Procedures after an Automobile Accident

After an Accident

- Check for injuries. Life and health are more important than damage to vehicles.
- Make note of specific damages to all vehicles involved.
- Write down the names, addresses and license numbers of persons involved in the accident. Also, write a description of the other vehicles.
- Call the police, even if the accident is minor.
- Jot down names and addresses of anyone who may have witnessed the accident. This can prevent disagreement concerning how the accident actually happened.

Do's and Don'ts

- DO jot down details about the accident and circumstances such as weather conditions and visibility.
- DO notify your insurance agent about the accident immediately.
- DON'T sign any document unless it is for the police or your insurance agent.

Wear a comfortable, practical pair of shoes. Flat shoes are a better choice than heels. Having a professional appearance is important, but wearing uncomfortable and/or slippery shoes for the sake of fashion is unwise in the long run.

Another consideration as you're moving about in your segments is the weather. The NHSDA is a year-round survey, conducted across the entire United States. Depending on your location and the time of year, you may find yourself working in driving rain, heavy snow, bitter cold, gale-force winds, or blistering heat. Let common sense be your guide — dress appropriately for the weather, and seek shelter when you're too hot or too cold. If you become very uncomfortable, take a break and continue when you feel better or the weather is more tolerable.

Sometimes, it can be difficult to recognize when the temperature is getting to be too extreme. This can be especially true in hot weather. In the August 1997 issue of the National Safety Council's Safety+Health magazine, an article entitled "Don't Let the Heat Get You Down" offered some advice for preventing heat illness. Some of the points made in that article are included in **Exhibit 5.12**.¹

Exhibit 5.12 Working Safely in the Heat

1. Whenever possible, stay indoors in air-conditioned areas.
2. Drink plenty of water before starting an outdoor activity; drink extra water all day.
3. Drink less tea, coffee, and alcoholic beverages.
4. Wear lightweight, light-colored, loose-fitting clothes.
5. Wear a hat or use an umbrella to protect yourself from the sun.
6. Save vigorous activities for the cooler times of the day.
7. During outdoor activities, take frequent breaks and drink water or other fluids every 15 to 20 minutes, even if you don't feel thirsty.
8. If you have a chronic medical problem, consult your doctor about drinking extra fluids and about your medicines.

If you show signs of heat illness, alert someone who can help you and go to a shady, cooler area immediately. Remove any excess clothing and begin to sponge your body with lukewarm tap water. Slowly sip water or other fluids. Someone should get you medical assistance if you show any of the following warning signs:

- hot, dry skin, but not sweaty
- confusion or loss of consciousness
- frequent vomiting
- shortness of breath or trouble breathing.

5.11.3 On a Respondent's Property

The final working environment for an FI doing a field survey is on a respondent's property — either inside or outside, completing the screening process or administering the interview. Many of the safety tips already covered about safe walking and working in extreme temperatures apply when you're on a respondent's property. There are other safety concerns as well.

The most frequent report of concern is about dogs. Many people own dogs, often for their own personal safety considerations. That means you must be very cautious when approaching a sample dwelling unit, especially one where it's obvious one or more dogs are around. Always be cautious when approaching a strange dog. Even one who appears to be friendly can suddenly become agitated. If a dog or other menacing animal blocks the path between you and the respondent's door, be careful. If the dog is obviously aggressive, don't put yourself in a dangerous situation. Try to get the attention of someone living in the household and ask him/her to restrain the dog while the two of you talk.

It's not just animals of the four-legged variety that can give cause for concerns about safety. While the majority of respondents you work with will be friendly, there will be some who are not so nice. You should expect to receive some level of verbal abuse from some of your respondents — unfortunately, this comes with the territory of being an FI. However, you shouldn't place yourself at risk for physical assault. If a respondent becomes physically confrontational or violent, or threatens you in any way with a real or stated weapon, get away from that residence immediately. Talk with your FS about what happened, and together you will form a plan about how — or if — that particular residence should be approached.

Achieving targeted response rates for completed screenings and interviews is of utmost importance to the project. But ensuring your safety while you are working is even more important, and no one is in a better position to do that than you. We want you to be successful and safe as you complete your work as an FI on the NHSDA.

Notes

¹Reprinted with permission from the National Safety Council's Safety+Health magazine.

²Allstate notes that this information highlights examples of safety precautions you can consider to help protect yourself, others, and your personal property. The list is not meant to be all encompassing; furthermore, a particular precaution may not be effective in all circumstances.

REVIEW OF CHAPTER 5

Obtaining Participation

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- To assist in your goal to obtain participation at all of your SDUs, you will be provided with an extensive inventory of tools (letters, brochures, articles) to use at the door with the respondent (R) and to leave as handouts. However, none of these tools will be as important as YOU and YOUR approach. It is imperative that you not only maintain a positive and confident attitude, but that you completely know the study.
- It will be necessary for you to overcome respondent objections and concerns. The “trick” is to listen carefully to what the R is saying. Every DU and every respondent must be handled uniquely.
- No matter what the situation, you must be professional and treat the R with courtesy and respect.
- Reasons for refusals are broken down into specific categories. In your Newton, you will indicate the type of refusal encountered, thus enabling a specifically tailored letter to be generated at RTI.
- When handling any case, including refusals, it is essential that you make timely, informative notes in your Newton’s ROC.
- Due to the unique nature of this job, you will have several different work environments: your home, car, the neighborhoods of your segment, and respondents’ homes. It is crucial that you work safely in all of these situations, using common sense and provided safety guidelines.

QUESTIONS TO ASK YOURSELF

1. How would you answer these respondent questions?

I don't drink, smoke, or use drugs. Why would you want me in your survey?

How did you select me?

How do you keep my answers confidential?

Why don't you just go next door and talk to my neighbor? She loves to do this sort of thing.

What happens to the data after you gather it from all of us?

2. What would you say if the respondent offered these objections?

I'm too busy.

I don't like surveys.

I don't want my kid to talk about drugs with you. He's too young.

I don't trust that my answers are safe.

6. CONDUCTING SCREENING

6.1 Introduction

One of your main tasks as a field interviewer on the NHSDA is conducting household screenings using the Newton, a powerful handheld computer. **Chapters 2 and 3** of the **FI Computer Manual** describe the Newton itself and include general instructions for entering information.

During screening, you obtain data about the residents of the household 12 years of age and older and enter that data into the Newton. Next is the selection process in which none, one, or two residents are chosen for the interview. With the Newton, the selection is done automatically with one tap of the special pen. This chapter describes the screening process and provides details about the various functions programmed in the Newton.

Note the following conventions used to present Newton-related information in this chapter:

Text like this designates a screen name. The Newton uses screen names (titles) instead of question numbers.

➤➤ indicates the path to follow. Most screens have several options. The chapter usually shows the most common path, marked by the ➤➤. Most other options are explained later in the chapter.

Bold indicates what items you will tap and is occasionally used for emphasis.

Italics displays “extra” explanations of features or buttons that aren’t necessary for screening.

6.2 Overview of NHSDA Screening

Screening is the process of obtaining information about a sample dwelling unit (SDU) to determine if it has residents eligible for the NHSDA. (Recall that the term ‘dwelling unit’ includes both housing units (HUs) and group quarters units (GQUs).) You must complete a screening at each SDU in the segments assigned to you to determine the eligibility status. The eligibility criteria for the NHSDA is based only on the **age** of the household members. In other words, the ages of the persons listed as members of the household are used to determine which person or persons, if any, will be selected for the NHSDA interview.

When you enter all the information for the residents of the DU, the Newton will automatically process the data using the eligibility criteria and the selection program. Your responsibility is to record accurate, complete information and let the Newton tell you who, if anyone, to interview.

While every SDU must be screened, only about one in every three or four will have a resident who is eligible for the interview. This will vary depending on the characteristics of each segment. About a third of the completed interviews for the NHSDA are conducted with individuals age 12-17, while another third are with persons age 18-49. The remaining third are individuals over the age of 50. DUs with youth age 12-17 have a greater chance of having someone selected than DUs with older residents.

You will not interview anyone who is on active duty in the military; however, their spouses, children, or any other civilian dependents living with them are eligible for the interview. In instances where an entire household consists of only military personnel, thereby making no one eligible for the interview, the Newton assigns a final screening code of 22 to the case. RTI staff will verify this final result code to ensure proper procedures were implemented.

Since you identify eligible respondent(s) within DUs through the screening process, it is a very important component of your assignment. Make every effort to obtain complete and accurate screening information from the sample DUs in your segments.

6.3 Overview of Newton Screening and Case Management Program

The NHSDA Newton program contains the following features:

- Case management groupings
- HU and GQU Screening Program (rostering and selection of eligible DU members)
- English and Spanish translations of the screening questions
- verification for final screening codes 10, 13, 18, 22, 25, 26, 30
- Record of Calls (ROC, including Refusal Report)
- addition of missed DUs
- weekly FI summary PT&E entry (**Chapter 9**)
- transmission from Newton directly to RTI (**Chapter 6** of the **FI Computer Manual**).

Each of these features will be described in detail. You can see by the list, the current Newton program makes contacting and screening essentially paperless. You will have a paper Segment Kit with a list of SDUs (described in **Chapter 3**), but all contacting information, screening and interview results, and case management are on the Newton.

6.4 The Screening Program

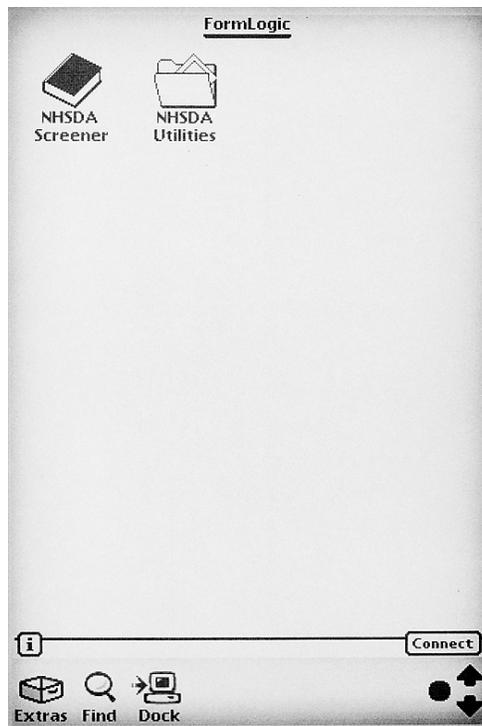
The various steps of the screening process are presented in this chapter, going step-by-step through a successful screening to show how the screening program works. Later discussions cover the extra options and functions in the Newton program that deal with the many situations that can come up while you are conducting screenings.

You do not have to do anything special to designate whether you are screening an HU, a GQU, or an Added DU. The Newton knows which type of case it is and displays the appropriate screens for the type of screening. The most common type of SDU, the HU, is covered first. **Sections 6.7** and **6.9** explain GQUs and Adding Missed DUs.

6.4.1 Starting the Newton

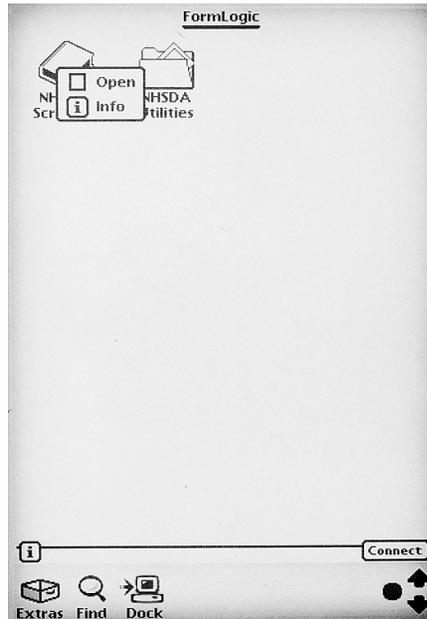
Before you approach the first unit, prepare the Newton by accessing the screening program.

- Turn the Newton on, using backlighting if necessary.
- At the **FormLogic** screen, tap on **NHSDA Screener**.

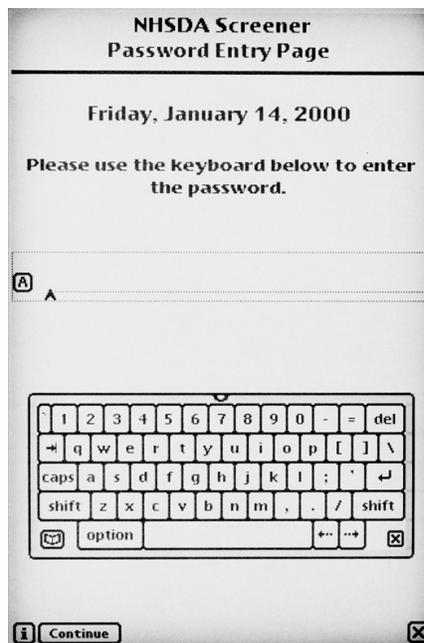


- If the battery pack has been replaced or the power source interrupted, you may see a series of boxes pop up in the center of the screen that explain the situation. To close the boxes, tap on the **X** or the **OK** in the lower right corner of the box.

- ➔ After tapping on **NHSDA Screener**, a small box appears indicating choices of **Open** or **Info**. Tap on **Open** to start the screening program.



- The password screen, shown below, appears.

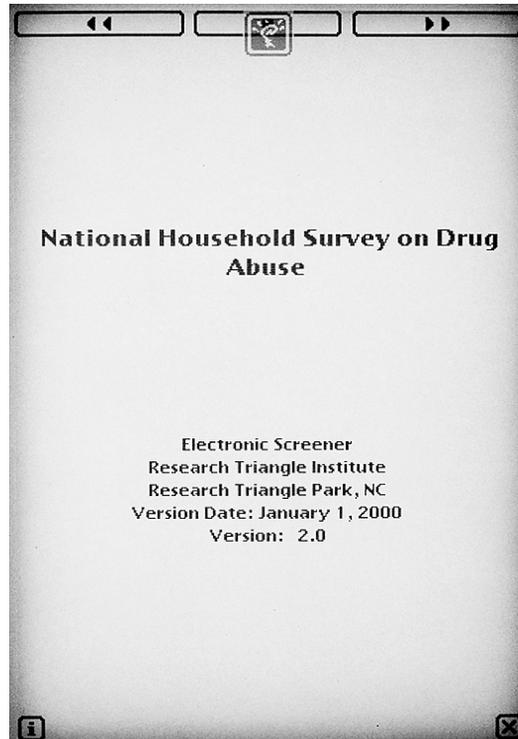


- ➔ The appropriate password will be provided at training, and will appear on the screen as you tap the keys. Once the password is typed, tap **Continue**

- An NHSDA title page is displayed for a few seconds, then the **Select Case** screen appears.

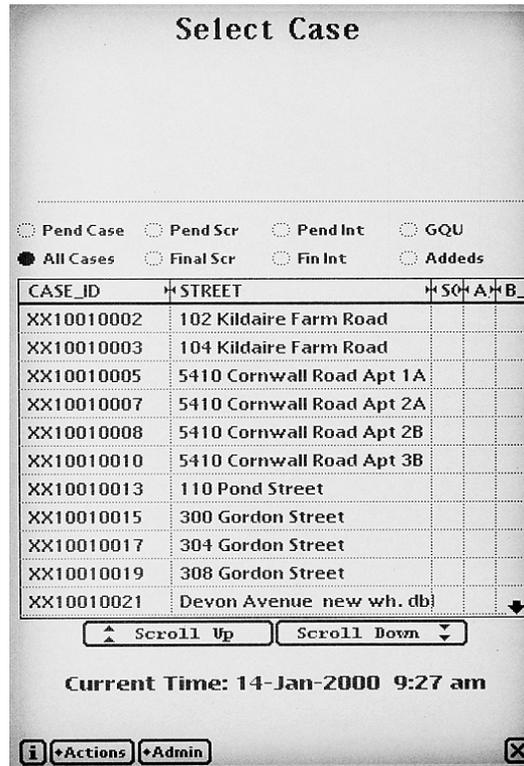
One feature you will often see on the Newton is a “light bulb” pictured at the top of the screen when the program is processing your recent entry. When you see this “light bulb,” the program cannot respond to additional entries (taps) until it finishes the current request. Wait patiently until the Newton finishes ‘thinking’ and then continue providing information.

Light bulb



6.4.2 Case Management

The **Select Case** screen is your starting point for all screening and case management tasks on the Newton. An example of a **Select Case** screen is shown below:



The Newton helps you manage your workload. There are eight titles with circles beside them (called radio buttons), in the upper part of the **Select Case** screen. These titles will help you sort through your work to locate the SDUs you want to visit each day. Tap the title to change the view for the cases you want displayed:

- **Pend Case** = all pending cases in your assignment, both pending screenings and pending interviews for both HUs and GQUs
- **Pend Scr** = pending screening cases (cases not yet worked and screening result codes 01-09) for both HUs and GQUs
- **Pend Int** = all pending interview cases (interview result codes 50-59)
- **GQU** = all GQU cases

- All Cases = all cases, pending and finalized screenings and interviews
- Final Scr = final screening cases (screening result codes 10-32)
- Fin Int = final interview cases (interview result codes 70-79)
- Addeds = all missed DUs that have been added.

These groupings will help you manage your assignment. It is important to utilize different groups to properly plan your workload. For instance, by tapping Pend Case you will see a list of all the pending cases (screening and interview) you have left to work in your assignment. (Information on screening result codes is found in **Section 4.4.1**, while interview result codes are explained in **Section 7.3.2**). To make sure you are following up properly on identified interview cases, tap Pend Int to see the pending interview cases you need to complete. To make sure you entered a Record of Calls event when you entered an Added DU, tap on Addeds for a listing of all Added DUs. To count the number of interviews you have completed, tap on Fin Int.

The grid in the center of the **Select Case** screen displays the:

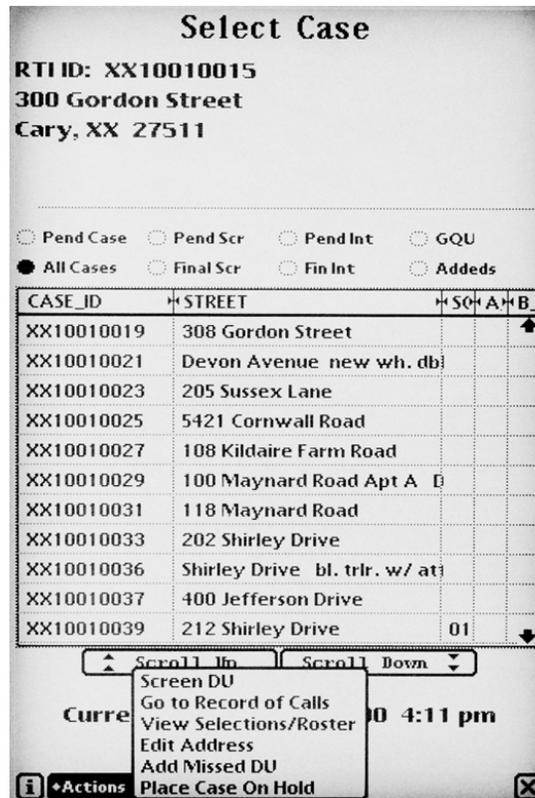
- Case_ID: The first two letters are the state abbreviation, followed by the FI Region number, the segment number, the DU indicator (zero for HUs, a letter A - Z for GQUs), then the line number for that SDU.
- Street address: If the street address is long (e.g., a description), you can view the entire address by tapping on the line and the address will display at the top of the screen.
- Current result code or codes for the case: These codes are the most recent entries you have made in the Record of Calls on the Newton. The S column displays the current screening result code, while the A and B columns have the interview result codes for the A and B interviews (if selected).

Below the grid are two wide buttons labeled “Scroll Up” and “Scroll Down” These allow you to scroll through the list of cases, which are in Case ID order. Tap Scroll Up or Scroll Down to find the SDU you want to screen.

*You’ll notice up and down arrows at the top and bottom of the “B” column located on the far right portion of the **Select Case** Screen. These will also allow you to scroll, but they do not function as well as the “Scroll Up” and “Scroll Down” buttons.*

In the bottom left corner is a box containing a lower case **i**, which stands for information. If you have a question about how to proceed on a particular screen, tap the **i-box** and a pop-up box with instructions, specifications, or other pertinent information will appear. Many screens have this quick reference, but if a screen is self-explanatory, there may not be anything programmed into the **i-box**.

At the bottom of the screen are an Actions button and an Admin button. When tapped, the **Actions** button displays a list of functions that can be applied to a specific case (case-level functions), such as screen DU, add a call record, edit the address, etc. The **Admin** button, when tapped, lists functions that are not associated with a specific case, such as transmit data, enter PT&E, etc.

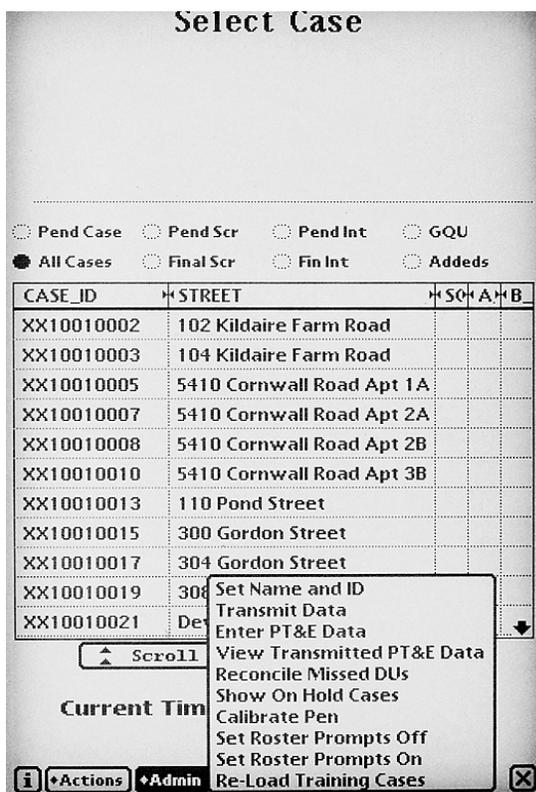


Actions Function (with case selected)

- Screen DU
- Go to Record of Calls
- View Selections/Roster
- Edit Address
- Add Missed DU
- Place Case on Hold

Manual Section with explanation

- 6.4.3 → 6.5
 - 6.6
 - 6.4.7
 - 6.8
 - 6.4.5 & 6.9
 - 6.10
-



Admin Functions	Manual Section with explanation
Set Name and ID	6.15
Transmit Data	6.13
Enter PT&E Data	9.3
View Transmitted PT&E Data	9.3
Reconcile Missed DUs	6.9.2
Show On Hold Cases	6.10
Calibrate Pen	6.14
Set Roster Prompts Off/On	6.17
Re-Load Training Cases	6.16

6.4.3 Introduction and Verify Address

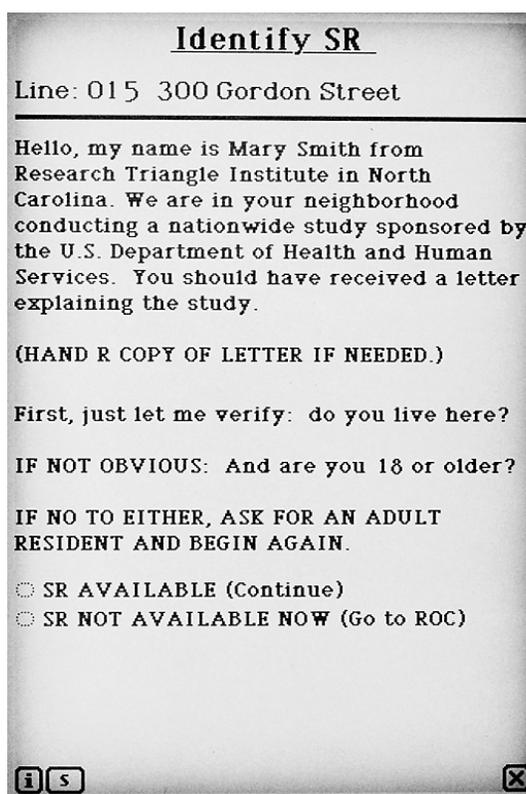
This begins the instructions on completing a normal screening using the Newton HU screening program. Remember, the ➤➤ designates the category option to follow.

To get started with the screening process and complete the introduction and verification of an address, follow these steps:

1. Identify and locate the DU to be screened. On the **Select Case** screen, tap on the **line with the correct ID and address** for the unit to select the case on the Newton. The ID information will darken briefly, then the Case ID and address information will appear at the top of the screen. **Double check that you have the correct DU displayed.**

It is imperative you are on the correct line when you screen a DU. The selection process programmed in the Newton is unique for each DU. That is, if you enter the same household information for two different lines (two different addresses), the selection most likely will be different (e.g., one case may be a 30, no one selected, and the other a 31, one respondent selected).

2. After verifying you have the correct line selected, tap the **Actions** button and select **Screen DU**.
3. The **Identify SR** screen appears.



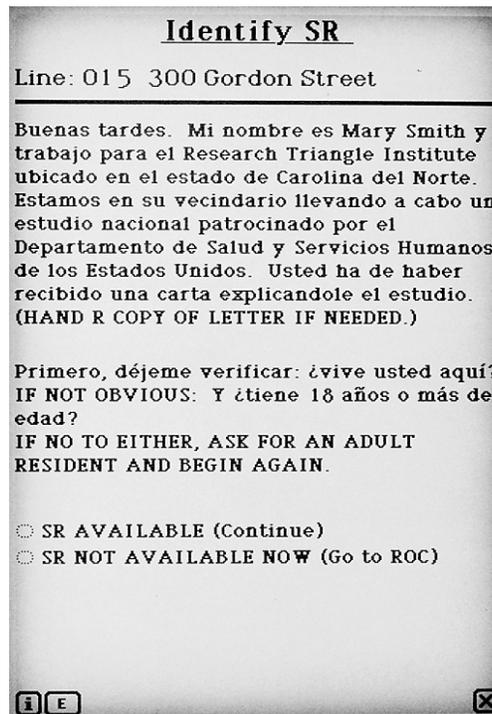
You should be on this screen as you approach the SDU. The **Identify SR** (screening respondent) screen displays your introduction and includes the questions for verifying that the person to whom you are speaking lives at the SDU and is age 18 or older. Screening must be completed with an adult resident of the DU. No proxy screenings are allowed. That is, the screening information must come from a DU resident who is 18 or older.

*If nothing happened when you tapped **Screen DU**, check to see that you have an **SDU** selected and the **Case ID** and address information are displayed at the top. **Screen DU** will not operate unless you have a specific case selected.*

4. Introduce yourself and the study, using the text displayed on the screen. Have copies of the lead letter with you in case the respondent has not received one.

Note the uppercase **S** in a box next to the **i-box** at the bottom of the screen. Tapping on the **S-box** at any point within the screening questions changes the display from English questions to the Spanish translation. The **S-box** is usually located toward the right of the various button options on a screen.

If you are Certified Bilingual by RTI and the person answering the door speaks only Spanish, use the Spanish translation provided by tapping the **S-box**. Answer choices still appear in English. Now the label appears as an **E**, so you can return to English at any time by tapping the **E-box**. The program allows you to “toggle,” or switch, back and forth between English and Spanish as needed.



- Tap **SR NOT AVAILABLE NOW** if either of the following situations occurs:
 - No one answers the door or you are not able to introduce yourself.

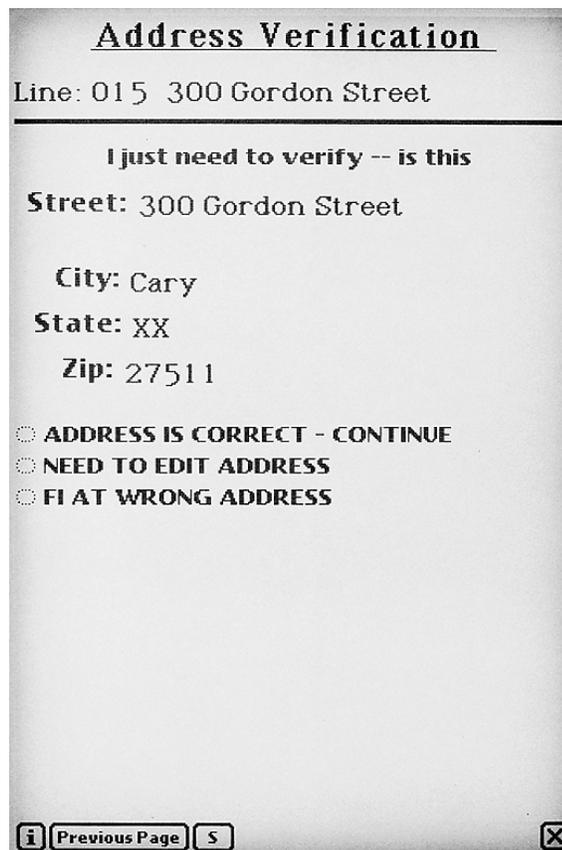
- You are able to introduce yourself but either the question, “First just let me verify: do you live here?” or “And are you 18 or older?” is answered “No,” and no other adult resident is available.

Tapping **SR NOT AVAILABLE NOW** takes you directly to the Record of Calls to document the event (e.g., 01- no one at home, etc.). Details of ROC entries are discussed in **Section 6.6**.

- ➔ Tap **SR AVAILABLE** if both questions, “First just let me verify: do you live here?” and “And are you 18 or older?” are answered “Yes.”

The **X** in the lower corner allows you to exit screening from this and other screens if necessary. In case you tap on the **X** by accident, there is a pop-up box verifying that you really want to exit. Tapping **Yes** will take you to the Record of Calls. If you see this pop-up box in error, tap **No** to close the box.

5. The **Address Verification** screen appears.



Address Verification

Line: 015 300 Gordon Street

I just need to verify -- is this

Street: 300 Gordon Street

City: Cary

State: XX

Zip: 27511

ADDRESS IS CORRECT - CONTINUE

NEED TO EDIT ADDRESS

FI AT WRONG ADDRESS

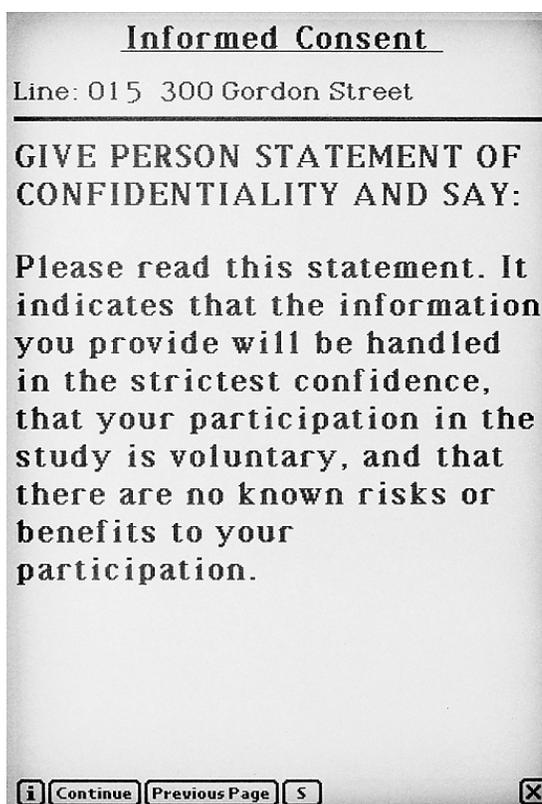
i Previous Page *S* *X*

Read the statement, “I just need to verify – is this _____(address)?” to verify you are at the exact address. These are the response categories:

- **Address is correct**—CONTINUE.
- **Need to edit address** (see **Section 6.8**).
- **FI at wrong address** (takes you back to **Select Case** Screen so you can either select the correct line and continue screening with the SR or locate the correct unit).
- **Previous Page** button at the bottom allows you to back up one screen if necessary.

6.4.4 Informed Consent

Read the statement on the **Informed Consent** screen and hand the SR the Statement of Confidentiality (included in the Showcard Booklet).



You have three options:

- **Continue.**
- **Previous Page** (if you need to go back to Address Verification or Identify SR screens for some reason).

- **X-box** (to exit out of the screening use the **X-box** in the lower right-hand corner of the screen to go to ROC (e.g., refusals).

6.4.5 Missed DUs

The **Missed DU** screen contains the question used to identify any missed DUs.

Missed DUs

Line: 015 300 Gordon Street

First, are there any occupied or vacant living quarters besides your own in:

(FOR SINGLE UNITS:)
this structure or on this property?

(FOR MULTI-UNITS:)
this unit?

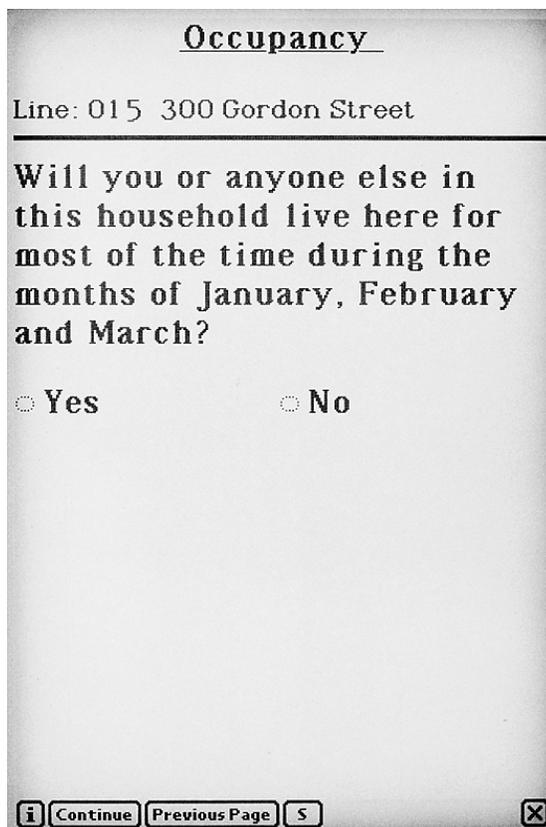
Yes No

- A “**Yes**” response takes you through the Missed DU process (**Section 6.9**).
- ➔ “**No**” continues the screening.

6.4.6 Completing the Housing Unit Roster

Having completed the introductory steps, the next step is to roster the unit to gather the actual data about household members.

Occupancy



Occupancy

Line: 015 300 Gordon Street

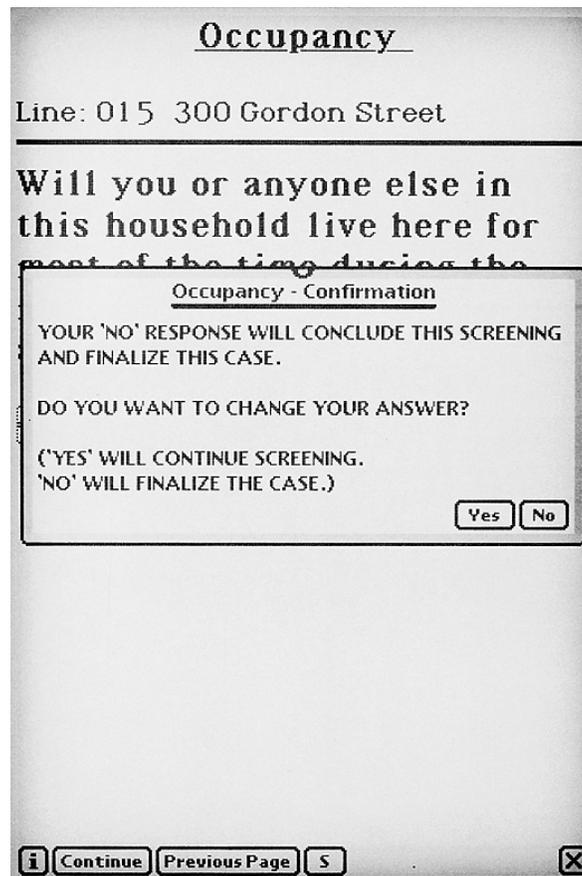
Will you or anyone else in this household live here for most of the time during the months of January, February and March?

Yes No

First, determine whether this DU will be the primary residence for anyone in the DU during the reference months of the quarter which the Newton displays. If you are screening before the 15th of the middle month, the question will be displayed as, “Will you or anyone else in this household live here for most of the time during...” If you are screening on or after the 15th of the middle month, the question will automatically be displayed as “Have you or anyone else in this household lived here for most of the time during...”

If the SR doesn’t know whether or not they (or anyone else there) will live there for most of the time during the quarter, treat this as a “Yes” and proceed.

If you tap **No** because no one will live there for most of the quarter, a pop-up box will appear asking you to verify the response. Another pop-up box confirms this before the program concludes the screening. It then takes you to Verification, then Record of Calls, and finalizes the case as a code 26. Once finalized, you cannot re-open the case without intervention by your FS.



The pop-up box also allows you to change your answer if it was entered in error (tapped in error by you or answered incorrectly by the SR). In the pop-up box, tap **No** if you do not want to change the answer. Tap **Yes** in the pop-up box if you do want to change the answer. The Newton then displays the Occupancy question again so you can enter the correct response. If you do not think the SR fully understood the question, re-read the question emphasizing the phrase “most of the time.”

An example of a correct “No” response to the Occupancy question is if you visit an SDU during the second week of the quarter and are told the entire family was moving out that week. No one in that household will live there for most of the time during the quarter, so the answer is “No.” The appropriate final code (26) is then automatically assigned by the Newton.

- Continuing with our example, let’s say the response to the Occupancy question is “Yes.”

Total SDU Members

Total SDU Members

Line: 015 300 Gordon Street

(Including yourself), how many people in this household will live here for most of the time during the months of January, February and March?

(Do not include anyone who will live at school or somewhere else for most of the time during the months of January, February and March)

4

7	8	9	/	del
4	5	6	x	=
1	2	3	-	(
0	.		+)
←		→	↶	↷

i **Continue** **Previous Page** **S** **X**

Enter the total number of persons currently living in the DU by tapping the number(s) on the pop-up numeric keypad. All adults and children, including babies, should be counted here. If questions of eligibility are raised, refer to the Enumeration Rules (see **Exhibit 6.1**). There is a copy of the Enumeration Rules in your Showcard Booklet for easy reference.

The phrase in parentheses is an optional probe. Read it if you feel the SR needs some additional help in understanding who we are — and who we are not — interested in rostering. In past years the majority of persons listed on the roster in error were college students. Be sure to read this phrase at DUs where there might be college-age children.

➔➔ When finished, tap **Continue**.

*If you tap a number in error, tap the **del** key to delete the number to the left of the cursor/caret (^). The **del** key is similar to the backspace key on a computer. To move the location of the cursor so that you can delete the correct digit, tap anywhere on the line and the cursor will move to that location. Or, use the right and left **arrow keys** to move the placement of the cursor if that is easier for you.*

Exhibit 6.1 Enumeration Rules

PERSONS WHO ARE NOT TO BE INCLUDED ON ROSTER:

- Persons under the age of 12 at the time of screening
- Persons who are institutionalized at the time of screening
- Persons who will not live at the SDU for most of the time during the quarter

PERSONS WHO ARE TO BE INCLUDED ON ROSTER:

- Persons who will live at the SDU for most of the time during the quarter (provided they are 12 or older and not institutionalized at the time of screening)

PERSONS ON ACTIVE DUTY IN THE MILITARY/ARMED FORCES:

- Active duty personnel who live at the SDU for half or more of the quarter will be rostered, but then will be made ineligible by the Newton prior to selection

KNOWN CITIZENS OF FOREIGN COUNTRIES:

- **DO NOT INCLUDE:** — citizens of foreign countries living on the premises of an embassy, ministry, legation, chancellery, or consulate
— citizens of foreign countries who consider themselves to be just visiting or traveling in the United States (regardless of the length of time they will be staying at the SDU)
- **DO INCLUDE** citizens of foreign countries who are not living on the premises of an embassy, ministry, etc., but who are living/studying/working in the United States and who will be living at the SDU for most of the time during the quarter.

If the answer Is “1”:

If you enter “1” total SDU member, a confirmation pop-up box will appear asking if there is only one person in this household.

Total SDU Members
Line: 015 300 Gordon Street

(Including yourself), how many people in this household will live here for most of the time during the months of January, February and March?

CONFIRM RESPONSE:
IS THERE ONLY 1 PERSON IN THIS HOUSEHOLD?

Yes No

7 8 9 / del
4 5 6 x =
1 2 3 - (
0 . +)
← →

Continue Previous Page S

Identify SR
Line: 015 300 Gordon Street

Hello, my name is Mary Smith from Research Triangle Institute in North Carolina. We are in your neighborhood conducting a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter

ROSTER
IS THIS SCREENING RESPONDENT THE ONE ELIGIBLE RESIDENT OF THE DU?

Yes No

First, just let me verify: do you live here?
IF NOT OBVIOUS: And are you 18 or older?
IF NO TO EITHER, ASK FOR AN ADULT RESIDENT AND BEGIN AGAIN.

SR AVAILABLE (Continue)
 SR NOT AVAILABLE NOW (Go to ROC)

i S

The confirmation box is there in case you entered “1” by mistake. The Newton program uses different language for some questions when there is only one household member. If “1” is correct, tap **Yes**. Another box will appear asking you if this SR is the one eligible resident of the DU. This is important because there could be more than one person living there but only one who will be living there for most of the time during the months of the quarter. In fact, your SR might be an ineligible person who is moving out early in the quarter.

- If the SR is the one eligible person, tap **Yes**.
- If the SR is not the one eligible person, tap **No**.

Again, this response allows the Newton to display appropriately worded questions.

Members 12 or Older

Members 12 or Older

Line: 015 300 Gordon Street

Of the 4 people in this household who will live here for most of the time during the months of January, February and March, how many are now age 12 or older?

3

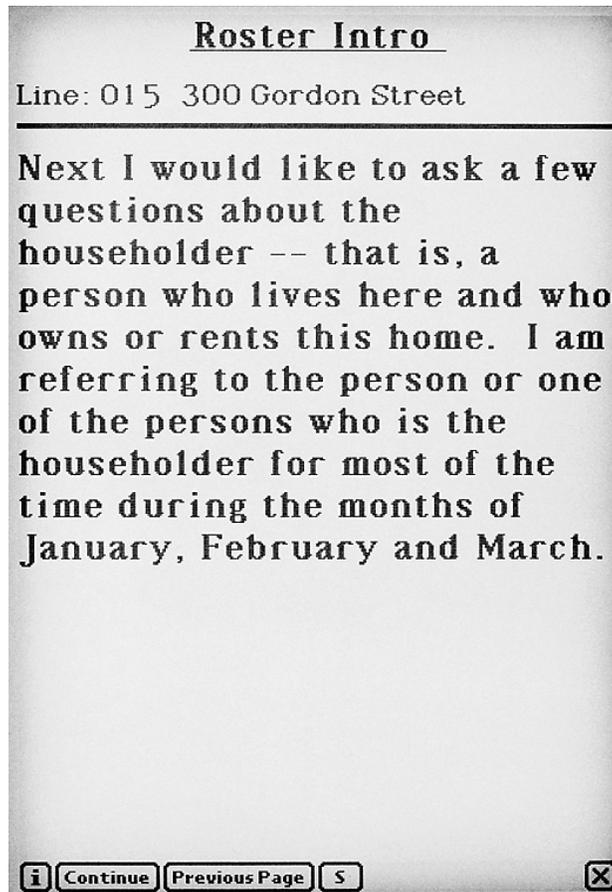
7	8	9	/	del
4	5	6	×	=
1	2	3	-	(
0	.	+)	
←		←…	…→	⊗

i Continue Previous Page 5 **⊗**

This question automatically displays (prefills) the response entered for Total DU Members, then asks how many of these residents are 12 years old or older.

- Enter the number using the numeric keypad, and tap **Continue**.

Roster Intro



This transition statement defines the householder—the person or one of the persons who live there and in whose name the home is owned or rented. Note that you are interested in the person who is considered to be the householder for most of the time during the quarter. If the home is owned or rented by more than one person, choose the person mentioned first as the householder.

➔➔ After reading this statement, tap **Continue**.

Roster

Now you will create a roster that includes every person age 12 or older who will live at the SDU for most of the time during the months of the quarter.

The six data items to be collected are age, relationship to the head of the household (prefilled for the householder), gender, Hispanic origin, race, and military status. The actual text of the screening questions appears in pop-up boxes.

For each item:

- **Tap the title of the next item to be completed.** A pop-up box containing the question appears.
- **Read the question to the respondent.**
- **Tap the OK** in the corner of the question box to close the box.
- **Enter the answer** (by tapping the appropriate response from the list beside the data item).

AGE

Roster
Line: 015 300 Gordon Street ROSTER #: 1

♦ **Age (REQUIRED):**
♦ **Relation: Householder**

Gender:
 Male Female

ROSTER
Please tell me the householder's age on his or her last birthday.

Black or African American
 American Indian or Alaska Native
 Native Hawaiian/other Pacific Islander
 Asian
 Other

Military:
 Yes No

The intent of this question, “Please tell me the householder’s age on his/her last birthday,” is to collect the householder’s present age. Some ethnic or racial groups report age as “age on their next birthday,” (meaning the year they are presently living). However, some screening respondents may misinterpret “age on last birthday” as the age they were “last year.” Because selection is based on age, it is important to probe and collect “present age on last birthday.”

If the SR refuses to give you an age, reassure him/her that the information is needed for the selection process and the data are used for statistical purposes only—there will never be any names associated with the interview data. If the SR continues to refuse, attempt to obtain an age category. Tap on the word **Age** or the diamond (◆) next to Age and you will see a list of age categories.

The screenshot shows a form titled "Roster" with the following fields and options:

- Line: 015 300 Gordon Street ROSTER #: 1
- # ◆ **Age (REQUIRED):** 199: 12 - 17, 299: 18 - 25, 399: 26 - 34, 499: 35 - 49, 599: 50+
- ◆ **Relation:** Household
- Gender:**
 - Male
 - Female
- Hispanic:**
 - Yes
 - No
- Race (TAP ALL THAT APPLY):**
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - Other
- Military:**
 - Yes

A numeric keypad is overlaid on the form, containing digits 0-9, a decimal point, a plus sign, a minus sign, a slash, a multiplication sign, an equals sign, a left arrow, a right arrow, and a delete key (X).

Ask the SR to please indicate the category in which the age falls (12-17, 18-25, 26-34, 35-49, 50+). Tap the correct category for the response. A code 199, 299, 399, 499, or 599 will be entered on the line, and a pop-up box will verify the age category. If the respondent refuses to choose an age category, tap the **X** to exit to the ROC and record the screening as a pending refusal.

➔ Enter householder's present age using the numeric keypad.

For the householder, the relationship is automatically filled, so tap on the title **Gender** to continue. For subsequent DU members, tap on **Relation** to continue.

From the age category, the Newton does not automatically display the next question (it just can't be programmed that way!). To continue, you must tap the next appropriate category. Most subsequent questions are displayed automatically as responses are entered.

RELATIONSHIP

For all DU members other than the householder, the relationship question, “How is this person related to the householder?” appears.

- For the householder, the relationship is automatically filled as being Householder. To continue, tap on the title **Gender**.
- For other household members, a list of relationships appears.

Roster
Line: 015 300 Gordon Street ROSTER #: 2

♦ Age (REQUIRED): 40

♦ Relation: Husband
Wife
Son (includes step)
Daughter (includes step)
Son-in-law/Daughter-in-law
Brother (includes step)
Sister (includes step)
Brother-in-law/Sister-in-law
Parent/Guardian (incl. Step)
Parent-in-law (incl. Step)
Aunt/Uncle
Nephew/Niece
Grandparent
Grandchild
Cousin
Ex-Spouse
Live-in Partner
Friend/Roommate
Tenant/Boarder/Exch Student
Other Relative
Other Non-relative
Relationship Unspecified

Gender:
 Male

Hispanic:
 Yes

Race (TAP A)
 White
 Black or A
 American
 Native Haw
 Asian
 Other

Military:
 Yes No

der

i Commit Record Cancel Record Clear Response S X

Carefully tap on the appropriate relationship to the householder. Hold the Newton pen on the screen and slide it down until the correct selection is highlighted. It's a long list so familiarize yourself with it so you can easily locate the correct relationship.

*If you tap an incorrect relationship, close the box for the next question by tapping on OK, then tap on the title **Relation** to view the list again and change your entry.*

GENDER

Roster
Line: 015 300 Gordon Street ROSTER #: 1

♦ Age (REQUIRED): 45
♦ Relation: Householder

Gender:
 Male Female

ROSTER
ASK ONLY IF NOT OBVIOUS
Is this person male or female?
TAP THE 'OK' BUTTON TO CLOSE THIS MESSAGE BOX
OK

American Indian or Alaska Native
 Native Hawaiian/other Pacific Islander
 Asian
 Other

Military:
 Yes No

Commit Record **Cancel Record** **Clear Response** **S** **X**

Ask, “Is this person male or female?” only if not obvious.

You may need to ask this question for the householder unless the screening respondent is the householder or the SR uses a specific pronoun when referring to the householder. If the SR uses names, do not use the name to determine the gender of the householder. Many names are unisex such as Pat, Chris, Jamie, etc.

For other DU members, if the relationship selected implies a gender (son, daughter, wife, etc) the Newton will insert the gender for that person. You can always confirm and edit the entry by tapping on the title **Gender**, then tapping the correct selection (male or female).

➔ Tap **OK** to close the pop-up box, then tap the correct response.

HISPANIC ORIGIN

Roster

Line: 015 300 Gordon Street ROSTER #: 1

♦ **Age (REQUIRED): 45**
♦ **Relation: Householder**

ROSTER

Is he of Hispanic, Latino or Spanish origin?

(That is, do any of these groups describe his national origin or ancestry -- Puerto Rican, Cuban, Cuban-American, Mexican, Mexican-American, Chicano, Central or South American, or origin in some other Spanish-speaking country?)

TAP THE 'OK' BUTTON TO CLOSE THIS MESSAGE BOX

Native Hawaiian/Other Pacific Islander

Asian
 Other

Military:
 Yes **No**

If when you ask about Hispanic ethnicity the SR hesitates or seems to not know what is meant by Hispanic, Latino or Spanish origin, then read the additional explanatory sentence, starting with “That is,....”

➤➤ Tap **OK** to close the pop-up box, then tap the correct response.

RACE

Roster
Line: 015 300 Gordon Street ROSTER #: 1

♦ Age (REQUIRED): 45
♦ Relation: Householder

Gender:

ROSTER
Is he White, Black or African American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, or Asian?
(MARK ALL THAT APPLY)
TAP THE 'OK' BUTTON TO CLOSE THIS MESSAGE BOX
OK

American Indian or Alaska Native
 Native Hawaiian/other Pacific Islander
 Asian
 Other

Military:
 Yes No

i Commit Record Cancel Record Clear Response S X

In order to more accurately capture how many Americans view themselves in terms of race, our race question in NHSDA allows for multiple entries. Specifically, a respondent can select multiple races rather than only one. It is important that you **read the entire question** so the respondent hears all the choices.

Roster

Line: 015 300 Gordon Street ROSTER #: 1

♦ Age (REQUIRED): 45

♦ Relation: Householder

Gender:
 Male Female

Hispanic:
 Yes No

Race (TAP ALL THAT APPLY):

White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian/other Pacific Islander
 Asian
 Other

Military:
 Yes No

[i] Commit Record Cancel Record Clear Response S X

Check as many items as apply.

Do not code this item by observation, even if there is no doubt in your mind. The answer must come from the SR, not you.

If and only if the SR refuses to answer the race question, record an answer for the householder based upon your observation of the race of the SR. Be sure to note in ROC “Comments” that you have done this. Do not fill any other household members’ race by observation, only for the householder. Leave the item blank if it is refused for additional household members. If you have already tapped a category by mistake, tap “Clear Response” to delete that answer.

- ➔ Tap **OK** to close the pop-up box, then tap the correct response. Since multiple entries are possible, you must tap on the title **Military** to continue.

MILITARY STATUS

The screenshot shows a mobile application interface for a 'Roster' form. At the top, it displays 'Line: 015 300 Gordon Street' and 'ROSTER #: 1'. Below this, there are fields for 'Age (REQUIRED): 45' and 'Relation: Householder'. The 'Gender' section has radio buttons for 'Male' (selected) and 'Female'. A modal dialog box is open, titled 'ROSTER', with the text: 'ASK ONLY IF PERSON LISTED IS 17 TO 65 YEARS OLD', 'Is he currently on active duty in the military?', and 'TAP THE 'OK' BUTTON TO CLOSE THIS MESSAGE BOX'. An 'OK' button is visible in the bottom right of the dialog. Below the dialog, there are checkboxes for 'American Indian or Alaska Native', 'Native Hawaiian/other Pacific Islander', 'Asian', and 'Other'. The 'Military:' section has radio buttons for 'Yes' and 'No'. At the bottom of the screen, there are buttons for 'Commit Record', 'Cancel Record', 'Clear Response', and a close button (X).

You will only see this question for DU members between the ages of 17 and 65, since recruits must be at least 17 to join and the military has a mandatory retirement age. For individuals aged 12-16, or 66 and older, the Newton will prefill the **No** once the age is entered for the age question. For persons aged 17-65, tap **OK** to close the box, then tap the correct response.

COMMIT RECORD

The three option buttons at the bottom of the roster screen are:

- Commit Record Before the Newton saves the roster for this person, a pop-up box helps you verify the accuracy of the data you have recorded by quickly reviewing the responses with the SR.

The screenshot shows a mobile application interface titled "Roster". At the top, it displays "Line: 015 300 Gordon Street" and "ROSTER #: 1". Below this, there are several fields: "# ♦ Age (REQUIRED): 45", "♦ Relation: Householder", and "Gender:" with radio buttons for "Male" (selected) and "Female". A "Confirm Roster" dialog box is overlaid on the screen, containing the text: "I have listed a 45 year old, male, householder. He is White, not Hispanic, and is not on active duty in the military. Is that correct?" with "Yes" and "No" buttons. Below the dialog box, there are four unchecked checkboxes: "American Indian or Alaska Native", "Native Hawaiian/other Pacific Islander", "Asian", and "Other". A "Military:" section has radio buttons for "Yes" and "No" (selected). At the bottom of the screen, there are four buttons: "Commit Record", "Cancel Record", "Clear Response", and a "5" button next to a close "X" icon.

- ➔ If you need to edit or add a response, tap **No**. You will see the Roster screen and can make any changes. If all is correct, tap **Yes** to continue.
- Cancel Record If while rostering, the SR told you this person would not be living there for most of the time during the quarter, you would choose this option and the record would not be saved. This happens occasionally when an SR includes a son or daughter who is actually living at college.

Note: You cannot cancel the first person's record (householder). If you try, a pop-up box will state you cannot cancel this record; however, if this is necessary, you can make this person ineligible on the Verify Data screen.
- Clear Response This clears the response to the "active" question—the one with the dotted box around it.

SCREENING RESPONDENT

The Newton asks, “Is this ____ year old _____ (sex) the screening respondent?” filling in the age and gender data.

The SR must be a household member age 18 or older, except for an emancipated minor or a person living in a GQU. If you identify an SR under age 18 in an HU, the Newton will prompt you to “locate” an eligible SR to screen with or ask you to explain the situation in the ROC Comments Section.

The screenshot shows a mobile application interface titled "Roster". At the top, it displays "Line: 015 300 Gordon Street" and "ROSTER #: 1". Below this, there are fields for "Age (REQUIRED): 45" and "Relation: Householder". The "Gender:" section has "Male" selected with a radio button and "Female" unselected. A central dialog box titled "ROSTER" asks "IS THIS 45 year old MALE THE SCREENING RESPONDENT?" with "Yes" and "No" buttons. Below the dialog are several ethnicity options: "Black or African American", "American Indian or Alaska Native", "Native Hawaiian/other Pacific Islander", "Asian", and "Other", all with unselected checkboxes. The "Military:" section has "No" selected with a radio button and "Yes" unselected. At the bottom, there are buttons for "Commit Record", "Cancel Record", "Clear Response", and a close button (X).

- Tap **Yes** if the person is the SR or **No** if the person is not the SR.
- If the person is not the SR, the Newton will continue to ask this question as you commit each household member's roster record until someone is identified as the SR. You should eventually identify one rostered person as the SR.

The possibility exists that the SR may not be listed on the roster because of ineligibility for the NHSDA. Perhaps the SR is a resident of the DU at the time of screening but is moving out the next week so won't be there most of the quarter. The Newton will continue to ask for an SR who has a roster record entered and will remind you to mark one. If the actual SR is not listed, you must record the details of the situation in the Comments in the ROC.

TRANSITIONAL PHRASE

Roster
Line: 015 300 Gordon Street ROSTER #: 1

♦ Age (REQUIRED): 45
♦ Relation: Householder

Gender:

ROSTER
READ TO RESPONDENT:
Now I need some general information about all of the other people in this household who are 12 years old or older and who will live here for most of the time during the months of January, February and March. Let's start with the oldest and work down to the youngest person 12 years or over. **OK**

Native Hawaiian/other Pacific Islander
 Asian
 Other

Military:
 Yes No

i **Commit Record** **Cancel Record** **Clear Response** **S** **X**

This statement explains the rostering of the remaining household members.

If there are only two household members age 12 or older (one is the householder and the other is the next person to be rostered), this phrase is customized to say “other person” instead of “other people.”

- Tap **OK** to close the box, then roster and commit the records of the remaining household members.

Verify Data

After all household members are rostered and their records committed, you will see a summary chart on the **Verify Data** screen.

Verify Data

Line: 015 300 Gordon Street

E	AG	REL	G	H	W	B	I	P	A	O	M	SR
E	45	Householder	M	N	W	..	..	..	..	..	N	Y
E	40	Wife	F	N	W	..	..	..	..	..	N	N
E	12	Son (includes step)	M	N	W	..	..	..	..	..	N	N

I have listed . . . (READ AGES AND RELATIONSHIPS ABOVE)

REVIEW ROSTER FOR ACCURACY AND COMPLETENESS

TAP ANY LINE TO MAKE A CORRECTION TO IT

WHEN ALL CORRECT, TAP 'CONTINUE'

The columns are labeled as follows:

E	Eligibility (E or I for Eligible/Ineligible)
AG	Age
REL	Relationship
G	Gender (M or F)
H	Hispanic origin (Y or N)
W	White
B	Black or African American
I	American Indian or Alaska Native
P	Native Hawaiian or other Pacific Islander
A	Asian
O	Other Race
M	Military (Y or N)
SR	Screening Respondent (Y or N)

Below the summary chart is the prompt, “I have listed...” Read the ages and relationships listed. For example, “I have listed the 45-year-old householder, his 40-year-old wife, and his 12-year-old son.” The directions to you are in ALL CAPS at the bottom of the screen.

Entries on each line should be complete and reflect the responses provided. Refused categories should be left **blank**. **All data are needed for analysis and for statisticians to correctly compute the sampling weights.** The weighting process is critical to sampling since it shows what percentage of the population was represented by NHSDA respondents—both screening and interviewing. Your FS has access to reports which detail any missing screening data. The only time a category should be left blank is if the SR refused or doesn’t know and won’t guess.

If the SR gives you a correction or you see an entry error you made, you can edit any person’s roster data by tapping on **his/her line of data** on the left side of the chart. An **Edit Roster Record** screen appears that is similar to the **Roster** screen, listing the various data items, including selection eligibility and screening respondent.

Edit Roster Record

Line: 015 300 Gordon Street ROSTER #: 3

◆ **Age (REQUIRED):** 12

◆ **Relation: Son (includes step)**

Gender:
 Male Female

Hispanic:
 Yes No

Race (TAP ALL THAT APPLY):
 White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian/other Pacific Islander
 Asian
 Other

Military:
 Yes No

Selection Eligibility:
 Eligible Ineligible

Screening Respondent:
 Yes No

You can update responses to any of these categories by tapping the **category title**. This makes the item “active” by displaying a dotted box around it. Just tap on the correct response and it replaces the original response. Then tap **Update Record**.

The **Clear Response** button deletes the response for the category you have made active. For example, use **Clear Response** if an SR refused a response, but you accidentally entered one. However, to delete a recorded race category, tap the answer again to erase it, since **Clear Response** doesn’t work for the race categories. Remember to leave refused categories blank.

➤➤ **Read the list** and make any necessary corrections, then tap **Continue**.

FINAL SCREENING QUESTIONS

1. Read the question in the Ineligible for Quarter pop-up box, “Is there anyone that I have listed who will NOT live here for most of the time during the months of (the quarter)?”
 - If the response is **Yes**, a pop-up box instructs you to make these individuals “Ineligible.” Tap **OK**, then tap their line of data and update **Selection Eligibility** from E (eligible) to I (ineligible). Then tap **Continue**. Be sure to note in the Comments section of the ROC the reason why you marked the person ineligible.
 - If the response is **No**, a second question automatically appears.

2. Read the question in the Another Eligible HH Member pop-up box, “Is there anyone 12 or older in this household that I have NOT listed who will live here for most of the time during the months of (the quarter)? (Do not include anyone who will live at school or somewhere else for most of the time during the months of (the quarter).)”
 - If the response is **Yes**, a pop-up box instructs you to tap the **Add Member** button to add each member not previously listed. When all members have been added, tap **Make Selection**.
 - If the response is **No**, tap **Make Selection**.

6.4.7 Selection

The selection process is simple and fully automated with Newton screening. The Newton processes the data entered, and based on the ages of the eligible household members and the various random numbers assigned to that specific DU, selects one, two, or no respondents to be interviewed. Just tap the **Make Selection** button, and you will see a confirmation box asking if you are sure you are ready to make the selection.

If there is any reason to doubt the information you have entered is accurate (either you entered it incorrectly or the SR did not answer correctly/truthfully), tap **No** and either make corrections to the roster immediately or tap the **X** to exit screening. All the data you have entered will be saved, and you will be able to go back into the case to make updates as soon as you obtain the correct information.

Once the selection is made, you cannot go back into the roster and re-screen without special intervention by your FS and RTI staff, so be sure you are ready to proceed.

➔ In most cases you will proceed by tapping **Yes**.

The **Respondent Selection** screen will display whether anyone in the household was selected for an interview. The screen is divided in half; the upper half displays selection information for Interview A and the bottom half displays selection information for Interview B.

The screenshot shows a mobile application screen titled "Respondent Selection". At the top, it displays the address "300 Gordon Street" and "XX10010015". Below this, there are two sections for interview details. The first section, "Interview A: - Roster #:1", lists "Mode: NHSDA Interview", "QuestID: 9995197", and "Rel to Householder: Householder". Below these are the respondent's "Age: 45" and "Gender: M". The second section, "Interview B: - Roster #:3", lists "Mode: NHSDA Interview", "QuestID: 9996524", and "Rel to Householder: Son (includes step)". Below these are the respondent's "Age: 12" and "Gender: M". At the bottom left, there is an information icon and a "Done" button. At the bottom right, there is a close icon (X).

Almost all of the interviews conducted in 2000 will be for the main study, however, there will be some cases assigned to the Validity Study sample. Those cases are identified by the Newton. FIs selected to work on the Validity Study will receive a separate handbook and additional training.

Items listed for each person selected for the interview are:

- **Roster Number:** The roster number is the numerical listing of the persons listed on the roster. For example, the son was listed third and was selected for an interview, so the roster number would be “3.” If no one is selected, it will simply say “None.”
- **Mode:** The mode will be either NHSDA Interview (CAI), or Validity Interview.
- **Quest A (or B) ID:** This is the QuestID you will enter in the CAI Manager to begin the interview (see **Chapter 8**). For confidentiality reasons, we do not enter the regular CaseID consisting of the segment and line numbers to begin the interview.

For code 32 cases with two selected respondents, make sure QuestIDs for A and B are entered correctly in the CAI Manager for the right person!

- **Rel to Householder:** The relationship to the designated householder on the roster.
- **Age:** Age of the selected respondent. If age categories were used in the roster, the age range will be displayed here.
- **Gender:** Gender of selected respondent.

These pieces of information will help you identify the selected respondent during this or subsequent visits to the household. **Chapter 7** discusses preparing for the NHSDA interview.

6.5.1 Entering Verification Data

Read the script provided, “So that my supervisor may verify my work, may I please have your **first name** and telephone number?” The first name and number are used to contact a percentage of each FI’s cases. If the person refuses, say, “A percentage of the households I visit are called to verify that I have been here doing my job. They will only ask a few questions to make sure I was here and that I was professional.” Emphasize it is used only to verify the quality of your work. Particularly with the elderly, consider leaving a Q&A Brochure that might help the respondent remember your visit.

This screen allows you to enter the person’s first name, home or work phone, designate if the person refused any pieces of information, and enter any comments that would be helpful to the RTI verification caller.

NAME

Notice the cursor (^) in the space beside **First Name**. The keyboard for tapping the name is also displayed.

- Spell the person's name by **tapping on the alphabet characters**. To enter "Joan," either:
 - Tap on **Shift**, then type **Joan**. Notice that "shift" capitalizes only the next character you tap; or
 - Tap on **Caps**, then type **JOAN**. Notice that "caps" capitalizes all subsequent characters until you tap on "caps" again. If you don't get the caps correct, don't worry. The entry can be "joan," "JOAN," or "Joan."

If the person refuses to provide a name or for some reason a name is not available, tap the appropriate selection (Refused or Not available) below the **First Name** line.

PHONE

- When you have finished the name entry, tap on **Phone**, to make this category active. A special keypad will appear.
- On the keypad, tap the 3 **digits** of the area code, then the 7-digit phone number. If you make a mistake on the phone number, tap on the section containing the error and the outlined box will surround that section to make it active. Tap the **del** key to delete the digits and then enter the correct number.
- Notice the **HM** and **WK** buttons beside the number. Designate if the phone number is a home or work number. This will help the RTI verification caller when trying to reach this respondent. Remember, entering the correct area code and phone number is very important.

A home number is better than a work number. Try to make sure the person is not giving you a beeper or pager number. RTI's verification unit cannot accept incoming calls, so pager numbers are not useful. If the number provided is a cellular phone (or other mobile phone), ask if the phone is used mostly for work. If so, mark it as a work number. If not, mark home.

If the person refuses to give you a number or doesn't have a phone, tap the appropriate category, Refused or Not Available, below the phone number.

If you have notes to enter for the verification caller, tap the **A** box under Notes to Verification Caller, and the keyboard will appear so you can enter notes.

NOTES TO VERIFICATION CALLER

Enter any notes that would help the RTI verification caller complete the call. Examples of helpful notes are:

- If the person gives a work phone, enter the extension number or department name.

- Who the contact person is (landlord, real estate agent, person who just moved into the house).
- Best times to call. If you had trouble reaching this person, you can bet the verification caller will experience the same problem. Provide information on the best times to call. For example, the person is a shift worker so calling before 11:00 am is not good because of sleeping patterns.
- Best days to call. If the person was difficult to find at home, provide information on when you had luck catching him or her.
- Indicate if the number is a cellular or other mobile phone.
- When finished, **scan all verification data entries for accuracy**, then tap the **Done** button and you will go to the ROC.
- If you need to update an entry, tap on the **category title** (First Name, Phone, Notes). Either use the keypad to edit your entry or tap **Clear Response** and your entry will be erased so you can enter the correct data.

6.6 Record of Calls

The ROC program on the Newton allows you to document each contact with an SDU with just a few taps of the special pen. **All visits to each SDU must be documented in the ROC.** The ROC also contains a **refusal report that is required for each entry of a refusal code, both pending and final** (codes 07, 17, 57, 58, 77 or 78). There are two ways to access the ROC program:

1. The Newton automatically assigns one of a group of finalized screening codes that are the result of selection or ineligibility. These codes are 25, 30, 31, 32, and sometimes codes 22 and 26. The ROC program also automatically assigns the date and time of the ROC events for these final screening codes.
2. When entering data for all other screening and result codes from the **Select Case** screen, select the case, tap **Actions**, then tap **Go to Record of Calls**. Or, exit from **Identify SR** or any subsequent screen, and the Newton program will automatically go to ROC so you can enter the result of your visit.

When you approach the SDU for a screening visit, you should be on the **Identify SR** screen. If you cannot finalize the screening during a visit, then you have two options:

- Answer the question on this screen— if the SR is not available, tap **SR NOT AVAILABLE NOW (go to ROC)**.
- OR**
- If some other “pending” situation has occurred, you can tap the **X** in the lower right hand corner of the screen.

Here's the list of codes for a screening case:

Screening Call Record
Line: 015 300 Gordon Street
◆ DATE: 1/14/00
◆ TIME: 10:46 pm
◆ RESULT CODE:
[A]
PENDING SCREENING CODES
01 No one at DU
02 SR unavailable
03 Neighbor ind. occupancy
04 P Phys/mentally incomp
05 P Lang bar - Spanish
06 P Lang bar - other
07 P Refusal
08 Unable to locate SDU
09 P Other - specify
FINAL SCREENING CODES
10 Vacant
11 No one at DU - repeated
12 SR unavail. - repeated
13 Not primary residence
14 F Phys/mentally incomp
15 F Lang bar - Spanish
16 F Lang bar - other
17 F Refusal
18 Not a dwelling unit
19 GQU listed as HU
21 Denied access
22 All military
23 F Other - specify
26 Res in DU < 1/2 Qutr
29 Listing Error
[i] Commit Record Cancel Record [X]

While we **insist** you enter the call record information at—or immediately after—the time of contact, there may be special instances when you need to update the date, time, day of week, etc., and the program allows you to do this.

DATE: Tap the diamond to the left of the title, and a calendar will appear. Tap on the correct date for that ROC entry. Tap on the **X** to close the pop-up box and the date and day of week will be updated.

TIME: Tap on the diamond and a digital clock face will appear. Tap on the upper half or lower half of the numbers to increase or decrease the digits. Tap the **X** to close the pop-up box and the time will be updated.

Once you complete the ROC entry, tap **Commit Record** for the Newton to save it. If you find you are on the wrong line, tap **Cancel Record**. A pop-up box will verify that you want to cancel this record before taking you back to the **Select Case** screen.

Here's an example of a ROC for a screening when no one was at home. Note the comment regarding the time to return.

Screening Call Record
Line: 015 300 Gordon Street
◆DATE: 1/14/00 DAY OF WEEK: Fr
◆TIME: 10:46 am
◆RESULT CODE: 01 No one at DU

COMMENTS:
A return in the evening

option

Commit Record Cancel Record

Here's an example of a completed ROC for an interview appointment:

Interview Call Record
Line: 015 300 Gordon Street
INTERVIEW:
● A ○ B
◆DATE: 1/14/00 DAY OF WEEK: Fr
◆TIME: 10:56 am
◆RESULT CODE: 50 Appointment for int

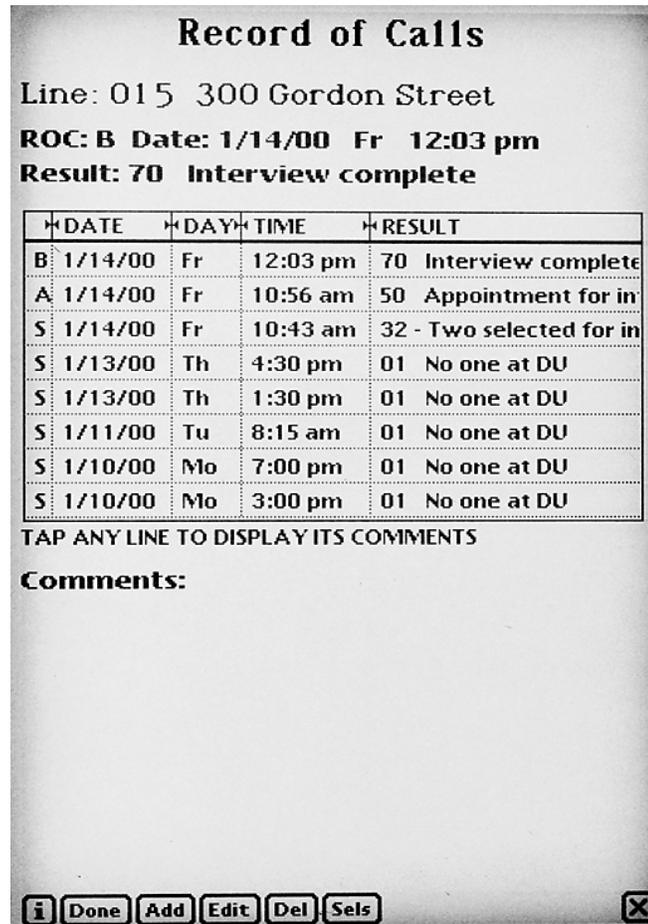
COMMENTS:
A return on January 15th at 11am

option

Commit Record Cancel Record

When entering an ROC from the **Select Case** screen and it is the first ROC event for the case, a pop-up box states this is the first event and asks if you want to add a call record now. Tap **Yes**. If you tapped ROC in error, tap **No** to return to the **Select Case** screen.

If it is not the first ROC event for the case, the Newton displays the **Record of Calls** screen where you can view previously entered results or add a new one. This screen lists all of the events for that case, including screening and any interview A or B result codes.



COMMENTS:

When entering comments, do not enter text such as “screening complete” or “no one at home.” The codes designate this information already. Only enter information that will be helpful to you or whoever is working the case. To view any comments for a record, tap on the **line of the event** and the comments are displayed on the bottom portion of the screen.

Actions from the **Record of Calls** screen are:

- DONE:** Tap **Done** when you are ready to exit the ROC.
- ADD:** Tap **Add** to add a call record for this case.
- EDIT:** Tap the **line of the event** you need to edit, then tap **edit** to edit a call record. Note: you cannot edit any events which have already been transmitted or codes automatically assigned by the screening program (25, 30, 31, 32 and sometimes codes 22 and 26).
- DEL:** Tap **Del** to delete a call record. Note: only call records that have not been transmitted can be deleted. Screening code events 25, 30, 31, 32 and some 22s and 26s cannot be deleted. A pop-up box appears to verify you want to delete the record.
- SELS:** Tap **Sels** to view respondent selection information and the household roster.
- VIEW REF:** You will only see this button if any pending refusal codes have been entered (07, 57, 58) for this case. Tap **View Ref** to view the refusal reasons and any additional comments you have entered on the Refusal Report (see **Section 6.6.2**).

6.6.1 Adding Interview A and B Case ROC Result Codes

When the selection process results in a code 31 or 32, you must enter the interview status for the respondent(s) selected at that visit when you completed screening. Either the interview was completed, or if it was not completed because the respondent was unavailable or for other reasons, that needs to be documented.

If selection results in a code 31, the program automatically enters the screening code 31 with the date and time. You can add comments, if necessary. The program will also remind you with a pop-up box to enter the A case ROC interview record. Then, tap **Add** to create the A case record. The date and time are automatically entered by the Newton. Select an interview result code from the drop-down list and add any necessary comments (see **Section 7.3.1** for explanations).

If selection results in a code 32, the program automatically enters the screening code 32 with the date and time. You can add comments, if necessary. A pop-up box reminder will tell you to enter a call record for both the A and B cases. Tap on **Add**, then tap on **A** or **B** at the top of the screen to designate which record you are entering first.

Interview Call Record

Line: 015 300 Gordon Street

INTERVIEW:

A B

◆ DATE: 1/14/00 DAY OF WEEK: Fr

◆ TIME: 10:46 am

◆ RESULT CODE:

COMMENTS:

A

You may need to refer to the selection information to enter the correct code and comments for the correct respondent or potential respondent.

After you enter the first interview code (A or B), tap on **Add** to create a second record, then tap on **A or B** to designate the correct interview record.

Interview Call Record

Line: 015 300 Gordon Street

INTERVIEW:

A B

◆ DATE: 1/14/00 DAY OF WEEK: Fr

◆ TIME: 10:56 am

◆ RESULT CODE: 50 Appointment for int

COMMENTS:

A return on January 15th at 11am

1 2 3 4 5 6 7 8 9 0 - = del

← q w e r t y u i o p [] \

caps a s d f g h j k l ; ' ↵

shift z x c v b n m , . / shift

option ← →

Interview Call Record

Line: 015 300 Gordon Street

INTERVIEW:

A B

◆ DATE: 1/14/00 DAY OF WEEK: Fr

◆ TIME: 12:03 pm

◆ RESULT CODE: 70 Interview complete

COMMENTS:

A

6.6.2 Refusal Report

Once you enter a pending or final refusal code (07, 17, 57, 58, 77 or 78) in the ROC and tap **Commit Record**, the **Refusal Report** screen appears listing the most common reasons people refuse.

Refusal Report
Line: 015B 300 Gordon Street Date: 1/14/00 10:46 am

**What is the reason for the refusal?
(CHECK ONLY ONE)**

- Too busy/no time/did too many surveys already
- Surveys or Govt. too invasive/teen exposure
- Clarify confidentiality, legitimacy, or selection
- "Nothing in it for me"/uncooperative
- Parent/HH member disallow, welfare/INS concern
- Too ill/house messy/not dressed
- Need to discuss with FS

i Done Refusal Comments X

Tap the main reason that applies for this specific case and visit. The first time you record an 07, 57 or 58, automatic refusal conversion letters may be sent based on the entry you make. These letters were explained in **Section 5.4**. Each SDU can receive one screening refusal letter, and one interview refusal letter for each selected respondent. In addition:

Code 07 - Pending screening refusals with edited addresses. If you edited the address for the case, (see **Section 6.8**), the edited information is not available to the refusal letter system until after the screening is finalized. In order for the letter to be sent to the correct address, you must enter the correct address again in the Refusal Comments.

Codes 57 and 58 - Pending interview refusals with edited addresses. Edited address information **is** available for interview refusal letters so you don't need to enter the correct address again when entering an interview refusal in the Newton.

Codes 57 and 58 - Pending respondent refusals vs. pending parental refusals. Please be very careful to choose the correct pending interview refusal code. After a code 57 is entered and transmitted, a code 58 can be entered in the Newton for that case but the code in the refusal system will not change so a parental refusal letter cannot be sent.

To complete the refusal report:

- Tap **the one main refusal reason**. If you have comments specific to the refusal you are documenting, tap on **Refusal Comments** to add comments to this refusal report. Comments about the details of the situation help you when discussing conversion strategies with your FS. Remember to enter the correct address if a case with a code 07 has an address that was wrong.
- Tap **Done** to exit.

To review this refusal report data, in the ROC tap on **the line for that event**, then tap **View Ref**. You then see the refusal report with the reason you checked indicated. Any comments you entered are also displayed. Keep in mind, refusal reports cannot be edited after they have been transmitted.

If you go back to an SDU and must assign a pending refusal code again, you will be prompted to complete another refusal report. Situations can vary between visits, so record the information for that visit as well.

6.6.3 Special Rules for Final Codes 11, 17 and 77

The Newton program only allows you to enter a code 11 (no one at DU repeatedly) if you have made at least four visits to the SDU—our project minimum. The program also only allows you to enter a final refusal code if you have previously entered a pending refusal code. These checks are designed to keep you from assigning a final code when a pending code should be used.

6.6.4 Importance of ROC data

The Newton program is designed to make the recording of accurate and complete data as simple as possible. The ROC data in particular only takes a few steps if you complete the record while leaving the DU. As mentioned earlier, the important ROC data is transmitted each time to connect and transmit to RTI. The next day the data is compiled into special reports made available to your supervisor through the project Website. Your FS can see exactly what time you visited a unit the day before as well as the timing of all previous attempts. This level of detail assists the FS in helping you manage your cases better.

6.6.5 Flow of Newton Program

One challenge in converting from paper to computerized screening is being able to visualize the logic of the changes from one screen to another. While the past few sections took you step-by-step through the details of the major sections of the program, a Summary Chart in the **Appendix** in the **FI Computer Manual** can help you understand the flow of the Newton program. This chart is most often helpful early on in the learning process.

The remainder of **Chapter 6** presents the various other screening tasks performed through the Newton. Each of these tasks are accomplished somewhat independently, so the flow of following a case through the process is halted for the rest of the chapter.

6.7 GQU Screening Program

The GQU screening program functions in the same way as the HU program except for a few additional features specific to Group Quarters. All additional or different items are documented below:

- The GQU screening program does not contain the **Missed DUs** screen asking if there are any occupied or vacant living quarters. Instead, before you begin screening at a GQU, you need to find a knowledgeable adult (usually someone who works there) and verify that the listing is currently correct. This is most important for GQUs that have been listed by beds or persons.

If there is a discrepancy between the original Group Quarters Listing Form and what you find when you visit the GQU, call your FS and call RTI's Sampling Department (see **Section 3.7**). You cannot add GQUs on the Newton. They need to be listed and sampled first, then the GQU cases can be transmitted to your Newton during one of your regular daily transmissions.

You can, however, add a Missed HU linked to a GQU using the **Select Case** screen. For example, you can add an HU for a "house mother's apartment" within a fraternity house. To do so, tap on the **line of the GQU**, tap **Actions**, then tap **Add Missed DU**. Be sure to follow the detailed instructions in **Section 6.9** when doing this.

- In the screening program after **Informed Consent** there are a few additional screens that set up the appropriate roster questions for GQUs.
 - The **Transient** screen asks you if the GQU is a transient shelter. If not, the program takes you to the **Occupancy** screen to continue the screening process.
 - If the GQU is a transient shelter, the next screen, **Unit Type**, asks you if the units were listed as rooms, beds, or persons.

If listed by rooms: The next screen is the **Total GQU Members** screen, which asks, "(Including yourself) How many people are staying in this room?" Then you see the **Members 12**

or Older screen, which asks, “How many of these _____ (number from previous question) are age 12 or older.” Then you see the **Roster** screen.

If listed by beds: You see the **Roster** screen, and the data questions use the pronoun “your.”

If listed by persons: You see the **Roster** screen, and the data questions use the pronoun “your.”

- The SR for the GQU is always the first person listed on the roster.
- The HU roster question for “relationship to householder” is replaced by “What is your first name?” so that the GQU members can be properly identified. If the SR refuses to give a first name, request his or her initials or some other identifying information so you are both clear who you are talking about during rostering and possible selection. If the case is a code 30, you will notice the SR’s first name is automatically displayed on the **Verification** screen (data taken from the roster, though you may edit the name if needed). You just need to enter Phone, then Notes (if necessary).

6.8 Edit Address

There are two ways to edit an SDU address in the Newton. The one you use depends on when you obtain the new address information.

1. If you obtain the information during the HU screening process, while on the **Address Verification** screen, tap **NEED TO EDIT ADDRESS**. A keyboard appears so you can edit any part of the address. Tap on the **category title** (Street, City, State, or ZIP) to make it “active,” then use the **arrow keys** to move the cursor and the **del** key to delete what is displayed. Then enter the **correct information**.
 - Tap **Continue** to save the changes and continue screening on the **Informed Consent** screen.
 - Tap **Previous Page** to save the changes and go back to **Identify SR** screen.
2. If you obtain information before the screening process begins, you can enter this information from the **Select Case** screen. Situations where you might want to enter address updates this way are SDUs with descriptions only or areas that have recently received new addresses due to 911 coverage.

Tap on the **line of the SDU**, tap **Actions**, then tap **Edit Address** and the **Edit Address** screen appears. Tap on the **category title** (Street, City, State, or ZIP) to make it active, then use the **arrow keys** to move the cursor and the **del** key to delete what is displayed. Then, use the keyboard to enter the **correct information**.

- Tap **Update** to save the changes.
- Tap **Cancel** if you got to this screen in error or do not want the changes saved.

Both of these options take you back to the **Select Case** screen.

Note that the address information you enter does not update the main RTI computer systems until after you enter and transmit a final screening result code for the case. For cases with a pending screening refusal, you must also enter the correct address in the Refusal Comments section of the Refusal Report so that the refusal conversion letter can be sent to the correct address.

6.9 Missed DUs Procedures

As explained in **Sections 3.5 and 3.6**, checking for Missed DUs is important for the validity of the survey results. The Newton program takes you through the process of adding a Missed DU, prompting you for information.

6.9.1 Adding Missed DUs

There are two ways to add Missed DUs in the Newton program. The one you use will depend on when you obtain the Missed DU information.

1. If you obtain the information **during the screening process** while on the **Missed DUs** screen, that is, you get a “**Yes**” response to the question about occupied or vacant living quarters, enter the address of the unit, then continue the screening process. You will be prompted to reconcile the Missed DU(s) as you exit the ROC for that screening.
2. If you find the Missed DU **before or after the screening process**, you can enter this information from the **Select Case** screen.

Tap on the **line of the SDU**, tap **Actions**, then **Add Missed DU**. A pop-up box appears asking if you want to add an HU linked to case _____(CaseID).

- Tap **Yes** if you want to add a Missed DU, then enter the address.
- Tap **No** if you arrived at this screen in error.

When finished entering the address of the missed unit (see **Section 3.6**), a pop-up box appears asking if you want to add another unit. Remember, you can link up to five added units to an SDU. Tap **Yes** if you want to add another unit. Tap **No** if that is the only (or last) added unit you want to link to this SDU. A pop-up box will then appear and ask, “Would you like to reconcile these Missed DUs Now?” See Reconciling Missed DUs (**Section 6.9.2**).

6.9.2 Reconciling Missed DUs

The process of reconciling Missed DUs involves a series of questions prompted by the Newton to see if the unit should be added (see **Section 3.6**). There are three places in the Newton program where you can reconcile Missed DUs.

1. If you locate a Missed DU **at the time of screening**, add the missed DU, finish screening the case and exit the ROC. Then you will see the prompt, “Would you like to reconcile these Missed DUs now?”
2. If you have entered Missed DUs from the **Select Case** screen (**Actions/Add Missed DUs**), enter the address for the Missed Unit, and the prompt, “Would you like to reconcile these Missed DUs now?” appears.
3. From the **Select Case** screen, tap **Admin**, then **Reconcile Missed DUs**.
 - For items 1 and 2, tap **No** to deal with the Missed DU later.
 - ➔ Tap **Yes** if you can and want to reconcile the Missed DU now.

As explained in detail in **Section 3.6.2**, the reconciliation process involves answering questions to tell the Newton to add or not add the unit. It will tell you if it has added the unit. If added, you can quickly view the unit by selecting the Added button to display all Added DUs in your assignment.

6.10 On Hold Feature

Once data are transmitted to RTI, they generally cannot be changed or updated. Therefore, if you have a problem case, place it on hold before transmitting so that you can work with your FS to resolve the problem prior to transmitting. Data for cases on hold are not sent to RTI during transmission.

Only put on hold problem cases that you need to discuss with your FS. These problem cases need to be resolved before taking them off hold. Make sure you do not place routine cases on hold. If RTI does not receive your production data on a daily basis, it opens the door to other, more complex problems.

Examples of cases that are candidates for placing on hold are:

- A code 10 where you have partial verification information, but you need a better phone number or extension for the real estate agent who gave you the vacancy information.
- A case you screened improperly, either by selecting the wrong line or by entering incorrect data and then making a selection.

To place a case on hold, at the **Select Case** screen, **tap on the line with the correct ID and address**, tap **Actions**, then **Place Case On Hold**. Any data for this case not already transmitted to RTI will not be transmitted until you take the case off hold.

When you put a case on hold, you will see an **H** appear next to the CaseID on the **Select Case** screen. This H will remain until you take the case off hold. If you have put several cases on hold, you can view the list by tapping on **Admin**, then **Show On Hold Cases**. The **On Hold Cases** screen appears listing all cases on hold. Exit the screen by tapping **Done**. Call your FS to discuss any case on hold. Have your Newton handy to display this list of on hold cases. You can take a case off hold by designating it on the **Select Case** screen and tapping **Actions**, then **Take Case Off Hold**. The item “Place Case On Hold” switches to “Take Case Off Hold” if you have selected a case which is currently on hold. You can also take a case off hold from the **On Hold Cases** screen by tapping **Take Case Off Hold**. You must take a case off hold before you can take any actions on the case.

6.11 Re-open Case

If you finalize a screening case using the wrong line, please notify your FS immediately. If you have not transmitted the data for this case, **put the case on hold** until further notice. If you have not transmitted the data, there is a chance you can re-open the case, which allows you to re-screen the correct SDU. If your case is a candidate for re-opening, your FS will give you a special code for that specific case, and you will enter the code to re-open the case and re-screen.

Always report any such situations to your FS immediately so that the data can be properly marked for problem solving and perhaps re-opening.

If your FS gives you the special re-open code for a case, go to the **Select Case** screen, tap on the **line of the SDU**, tap **Actions**, then **Re-open Case**. You must enter the special code. Once you enter the code, you go directly to the ROC which displays the result code 40 (re-open code). The cursor will be in the comments section, and you should add an explanation of the problem or situation. The code 40 remains in the ROC for tracking purposes.

Tap **Commit Record**, then **Done** and you will return to the **Select Case** screen. You can now select the line and begin screening the SDU.

Important: All data entered during the initial screening (beginning with the **Occupancy** screen) are visible and you can confirm or update any and all responses. However, there is one glitch in this process. If the number of household members age 12 or older (listed on the roster) is fewer

when you re-screen the SDU, the additional roster records will still be visible. A pop-up box instructs you to cancel each of the extra records on the **Roster Screen**.

The best way to understand this is to remember that the Newton creates a record for each household member rostered. When you re-screen, you are just confirming the data, writing over the data, or canceling the record. So, if you have fewer household members when you re-screen, these created roster records are still there and are not written over. You need to delete these records so that they are not included in the selection process and selected for an interview.

6.12 Enter Summary PT&E

See **Section 9.3** Entering Weekly PT&E Summary Data in Newton.

6.13 Transmit Data

See **Chapter 6** of the **FI Computer Manual** for detailed instructions on this very important task.

6.14 Calibrate Pen

If you feel the Newton system is reacting slower than usual, or you are having trouble selecting specific items in a drop-down list, you may need to calibrate your pen. Often this will improve the contact and enhance reaction time and selections. To do this go to **Select Case** screen, tap **Admin**, then **Calibrate Pen**, then follow the instructions by tapping the three **X**'s.

6.15 Set Name and ID

At training, you will set your name and ID on the Newton, and your name will display in the introduction on the **Identify SR** screen.

6.16 Re-Load Training Cases

Training cases used during training sessions will remain on your Newton (at the bottom of the list) for up to 10 days for additional practice or discussions of certain situations with your FS. After ten days, a pop-up box appears asking if you want to remove the training cases. Tap **Yes** to remove them, or tap **No** to keep them. Don't worry—this only affects your training cases, not your NHSDA assignment! Once training cases are removed, if either you or your FS feel you need further practice, the training cases can be re-loaded on your Newton by selecting this option from the **Admin** button.

6.17 Set Roster Prompts Off/On

The questions appearing in the pop-up boxes during the screening process, called “roster prompts,” can be disabled. If you are consistently following procedures exactly and have the questions memorized, your FS may agree to have your roster prompts turned off. Using the FS system, your FS will enter the request, and the next time you transmit, your program will allow you to turn the prompts off. You will have the ability to turn the prompts off, but they are not turned off automatically. Tap **Admin**, then **Turn Roster Prompts Off** to actually turn them off.

You can turn the prompts back on at any time should you need a refresher on the prompts or should you want to see the Spanish version of the questions. To turn the prompts back on, tap **Admin**, then **Turn Roster Prompts On**.

If your FS or RTI notices a dramatic change in the quality of your screening data, your FS may remove permission to have the prompts off. During your next transmission after your FS withdraws permission, your prompts will begin appearing automatically.

6.18 Transferring Cases

If necessary, your FS will designate in the FS System any cases identified for transfer from one FI to another. This information is then processed in the Control System at RTI. The system removes any transferred cases off the original FI's Newton when that FI transmits to RTI, then processes any new events and prepares the case for pickup by the new FI's Newton during his or her next transmission. The entire process is automated and can be done in a day.

Transferred cases are assigned by your FS and picked up by your Newton during your regular transmission. The cases will be listed on the **Select Case** screen, but their Screening or Interview result codes will not display right away on the **Select Case** screen. For each transferred case, review the Record of Calls to see what has transpired. Tap **Go to Record of Calls**, then review the events listed. Tap on each line to view comments entered for that visit. Once a call record event is entered on your Newton for the case, the result code will display on the **Select Case** screen. You can either

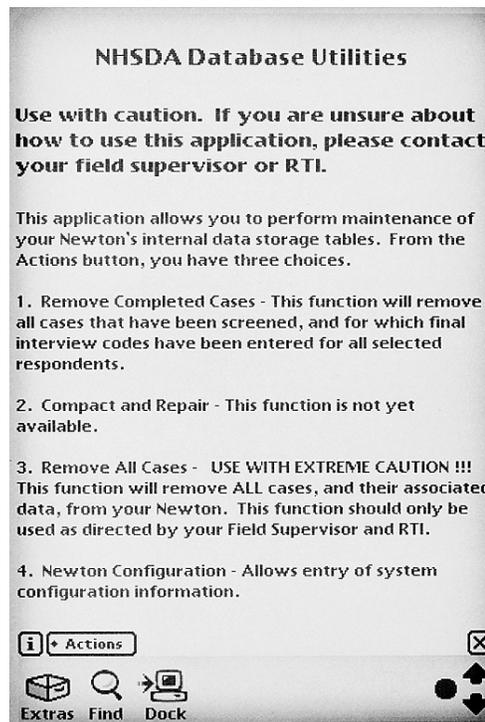
create a Record of Calls duplicating the most recent event code or wait until you visit the DU and enter an event.

6.19 Daily Closing of the Screening Program

After each day's work, exit the screening program to the **FormLogic** screen by tapping the **X** in the lower right-hand corner of the **Select Case** screen. Although all data are immediately saved once entered in the Newton, exiting out of the screening process performs "clean up" operations that are essential for your Newton to work properly. If you do not exit out to the **FormLogic** screen daily, you may begin to see odd things occurring on your Newton screens.

6.20 NHSDA Utilities

From the **FormLogic** screen, tap the **NHSDA Utilities** icon. You will go to the NHSDA Database Utilities screen.



There are 4 utilities listed:

- Remove Completed Cases
- Compact and Repair (not for use by FIs)
- Remove All Cases
- Newton Configuration (not for use by FIs)

There are two features for your use:

Remove All Cases: This utility is used at each Quarter changeover (Qtrs. 1 to 2, 2 to 3, and so on.) You will be instructed by your FS to run this utility **after you have completed and successfully transmitted all of your quarter's work** and are ready to pick-up your next quarter's assignment. This utility requires a code from your FS to access. You must run this program before being able to pick up your next Quarter's assignment, but make sure:

- you are absolutely finished working for that quarter. You will not be able to pick up any additional cases for that quarter once you run this utility.
- you have coded all cases and successfully transmitted them to RTI. This utility removes all of the cases on your Newton, whether they have been completed or not. After running this utility there is no recovery of data from your Newton so be sure your data has been transmitted!

Remove Completed Cases: This utility is designed to “speed up” your Newton by freeing up space on the Newton flashcard. It removes only the cases that have been completed and transmitted to RTI. It will not delete any pending cases. Although it does not require a special code from your FS, you should talk to your FS before you use this utility. It is suggested to run this utility whenever the FI has a large number of completed cases or Record of Calls events and the Newton is beginning to slow down.

REVIEW OF CHAPTER 6

Conducting Screening

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- During screening, you'll obtain data about all residents of the household who are 12 years of age or older and record that information in your Newton. The Newton will then determine who, if anyone, is selected for an interview.
- In addition to the screening process, the Newton helps you manage your work, prompts you to enter important verification information when needed, and simplifies the critical task of completing a Record of Calls (ROC) for each contact to an SDU.
- After opening the NHSDA screening program from the FormLogic screen and entering the password, the Newton displays the Select Case Screen. Here, you can sort, or filter on different criteria, such as pending interviews or final screenings. Viewing cases in this manner will help you to manage your assignment.
- Clearly marked Newton screens will enable you to identify an SR, verify the address, explain confidentiality and informed consent, check for missed DUs, and verify that the DU is the primary residence for more than half of the quarter.
- After the above preliminary screens, the eligible (over 12) household members must be rostered, recording their age, relationship to householder, gender, ethnicity, race, and military status. The rostering of household members allows the Newton to make its selection to determine who will be chosen for an interview.
- In instances where either no one is selected for an interview or no one is eligible for an interview (for example, if all of the household members were on active military duty or if the residents were only going to be in the house for a month), you must obtain information for verification procedures. The Newton automatically prompts you to record this data.
- The Record of Calls will help you assign a code for each contact at the DU, whether you have found no one at home or have successfully completed the screening. These codes are either automatically assigned by the Newton or recorded directly by you. Each call record is stamped with a date and time.
- At the end of each day, it is imperative that you exit the screening program to the original FormLogic screen BEFORE turning off your Newton.

QUESTIONS TO ASK YOURSELF

1. What is eligibility for interviews on the NHSDA based on?
2. At the FormLogic screen, what do you tap on to begin a screening?
3. What does the lightbulb mean when you see it displayed on your Newton?
4. What screen should your Newton be on as you approach a DU?
5. What do the **S** and **i** buttons on the bottom of your screen mean?
6. Consider these examples and decide whether the person should be rostered.

The wife of an active duty Navy Lieutenant.

A couple who will be moving out of their home of the last ten years during the last week of the quarter.

A daughter who will be 12 next week.

7. What codes must be verified at the time of the screening? What information is gathered for verification purposes?
8. When a screening is completed and one household member is selected for an interview, what screening code does the Newton automatically assign? What sort of code must YOU then assign?
9. What are two ways in which you can edit an address on your Newton?

7. PREPARING TO INTERVIEW

7.1 Introduction

With every scientific survey, there are many necessary components that contribute to the overall success of the research. This is especially true for an enormous survey such as the NHSDA. As a professional field interviewer for this study, you are responsible for one of the most important aspects of the study: making sure the interview is administered properly according to acceptable survey procedures. This chapter discusses the steps required to prepare for an interview, and offers suggestions for dealing with some respondent situations you may encounter. Instructions about the NHSDA interview are provided in **Chapter 8**, while instructions for administering the CAI questionnaire and using the CAI manager are outlined in **Chapter 5** of the **FI Computer Manual**.

7.2 Your Role as a Professional Field Interviewer

Always keep in mind that you are a professional doing a very important job. As a professional, you are expected to possess a great deal of knowledge about the survey you are conducting — its purpose, the type of sample, the interview process, etc. You must be knowledgeable about what you are doing and why it is being done, and you must be prepared to answer any questions a respondent might have.

As a professional Field Interviewer, you must always maintain the highest of ethical standards, collecting data with complete objectivity and treating with the utmost confidentiality and respect all information gathered or observed during an interview. You must convey to every respondent that you are a professional Field Interviewer, that you are completing the interview in a completely confidential manner, and that you are not affected by any personal biases, opinions or prejudices.

Following the questionnaire administration procedures and ethical standards is absolutely *critical*. Any FI found to have violated these procedures may be terminated immediately. We are asking you to maintain high response rates AND to follow all procedures exactly. We know that sometimes those two goals might not be easy to achieve together — you may even lose a case if a respondent refuses to complete the interview “by the rules.” The important point is to make every effort to obtain all interviews according to specified procedures.

7.3 Case Assignment

All respondents to be interviewed are identified in the screening process using the Newton handheld computer. When you screen a household, the Newton will instruct you to conduct one, two or no interviews at that household. You may also have other cases transferred to you for completion that were screened by a different field interviewer. Your FS will keep you informed of such situations.

At the **Respondent Selection** screen, the Newton will tell you what kind of interview you should administer to the selected respondent(s). For each interview, the Newton lists the respondent selected, the roster number, the Mode (either “NHSDA Interview” or “Validity Study”), and demographic information from the roster. The Newton also assigns a QuestID automatically that is displayed on the screen below the mode. (Recall that only certain FIs will conduct Validity Study Interviews.)

Whenever possible, **proceed with the interview immediately after you finish the screening.** The best way to achieve high response rates and be efficient is always to try to complete the interview when you are already at the SDU and have identified the respondent(s) to be interviewed. If one or both respondents are present and willing to participate, begin the interviews. Remember that if two respondents in the same household are selected to complete interviews, never complete both interviews simultaneously. Try to schedule these back-to-back instead.

If you cannot conduct an interview at the time of screening, try to schedule an appointment while you are at the DU. If the respondent offers you his/her phone number to set an appointment, accept the number. However, do not give your phone number to the respondent. Record the appointment information for the appropriate respondent, either Interview A or Interview B, in the Record of Calls on the Newton on the **Interview Call Record** screen.

For example, you may complete a screening and one person is selected but is not at home. Once you finish the screening and enter the ROC information for the 31, add an event for the interview’s Record of Calls — 52 (R unavailable) in this example — for the A case. The Newton automatically enters the date and time of the event. Complete this step at the SDU after screening.

The first interview contact you will enter in the Record of Calls is the **interview result for that respondent from the screening visit.**

7.3.1 Assigning Interview Result Codes

You are responsible for assigning interview result codes, recording them in the Newton Record of Calls, and discussing them with your FS throughout the data collection period. Like screening codes, interview result codes are either “pending” or “final.” Assigning the proper code is critical because result codes are used in progress reports to evaluate the status of fieldwork. RTI managers then use these reports to make important decisions about how best to manage the project. It is **very important** that you understand when and why to use each kind of code.

If you have a final screening code of 31 (one selected for interview) or 32 (two selected for interview), assigning interview result codes follows the same process as assigning screening result codes (see **Chapter 6**). Always remember to enter the appropriate pending or final code for every

screening that results in a code 31 or 32. The following summarizes how to enter interview result codes:

One Selected for Interview (Screening Code 31)

- The Newton prompts you to remember to enter a call record for interview A and takes you to the **Record of Calls** screen.
- Tap **Add** to go to the **Interview Call Record** screen, tap **Result Code**, then choose the appropriate result code from the list, entering comments as needed.

Two Selected for Interview (Screening Code 32)

- The Newton prompts you to enter call records for interviews A and B and takes you to the **Record of Calls** screen.
- Go to the **Interview Call Record** screen, choose interview A or B, and choose the appropriate result code.
- If you forget who was selected for interview A or B or need to enter data at a later date or time:
 - From the **Record of Calls** screen, tap the **Sels** button on your Newton. This will take you to the **Respondent Selection** screen where roster information for interviews A and B is displayed. This should give you enough information to identify and add a call record for the correct respondent.

OR

- From the **Select Case** screen, tap the case you need to view, then tap **Actions, View Selections/Roster**. This will take you to the **Respondent Selection** screen, as just described.

7.3.2 Interview Result Codes

Both pending and final interview result codes are described in this section.

Pending Interview Codes

Pending codes are assigned when the case is not yet complete. Explanations of **when to use** a particular code, and **what action to take** to resolve the situation so that the case can be completed, are as follows:

50 - APPOINTMENT FOR INTERVIEW

USE WHEN: You have spoken with the respondent and have set a time to conduct the interview.

ACTION: Note the appointment in the Newton Record of Calls and in your personal calendar. Complete an appointment card to leave at the household.

51 - NO ONE AT DU

USE WHEN: No one is at the DU.

ACTION: Plan another call or visit at a different time of day or another day of the week.

Try contacting the unit on the same day of the week or same time of day when the screening was completed.

Ask a neighbor when would be a good time to catch someone at home. Record any information in the Record of Calls.

52 - RESPONDENT UNAVAILABLE, CALL BACK

USE WHEN: Someone is at the SDU but not the selected interview respondent.

ACTION: Try to determine a good time to find the respondent at home. Ask the household member, and record any information in the Comments in the Record of Calls about possible times to contact the respondent.

Plan another visit at a different time of day or another day of the week.

53 - BREAKOFF (PARTIAL INTERVIEW)

USE WHEN: You have started the interview and the respondent you are interviewing either refuses to allow you to complete the interviewing process or cannot complete the interview at that time.

ACTION: If the breakoff is friendly, schedule a time convenient for the respondent to complete the interview. Record the information about the appointment in the ROC.

If the breakoff is not friendly, tactfully try to persuade the respondent to continue. For helpful ideas, see **Chapter 5** about overcoming refusals and obtaining participation. **Section 7.5** discusses how to respond to questions about the interview.

DON'T antagonize the respondent. Leave the door open for you or someone else to attempt to convert the refusal and complete the case. This decision will be made by your FS.

Make notes in the ROC comments while the incident is still fresh in your mind. By recording what happened, you'll be greatly helping your FS to decide how to handle the case and also helping any other FI who may be assigned to complete the case.

54 - PHYSICALLY/MENTALLY INCOMPETENT

USE WHEN: The respondent is unable to meaningfully answer the questions. Examples are respondents with pronounced mental retardation, autism, or who are intoxicated. Also, physical problems due to serious illness, deafness, or severe speech disorders may qualify.

ACTION: Try to determine if the incompetence is temporary (as in illness or intoxication). If so, return at a more convenient time.

If the incompetence is not temporary, discuss the situation with your FS. Always attempt the interview unless it is absolutely clear that the respondent cannot be interviewed. Describe the situation fully in the Record of Calls.

55 - LANGUAGE BARRIER - SPANISH

USE WHEN: The respondent speaks Spanish and does not speak English well enough to complete the interview.

ACTION: Talk with your FS about transferring the case to a bilingual FI. **Unlike screening, there can be NO translators for an interview.**

56 - LANGUAGE BARRIER - OTHER

USE WHEN: The respondent speaks a language other than English or Spanish and does not speak English well enough to complete the interview.

ACTION: Talk with your FS. **Unlike screening, there can be NO translators used for the interview.**

57 - REFUSAL (BY RESPONDENT)

USE WHEN: The respondent refuses to let you start the interviewing process. This code is for adult respondents and for youth respondents who refuse to complete the interview. If a parent refuses to give permission for a youth to be interviewed, use code 58 Parental Refusal, whether or not the youth is willing to be interviewed.

ACTION: Tactfully try to persuade the respondent to participate. See **Chapter 5** for information about overcoming refusals and obtaining participation. **Section 7.5** also discusses answering questions about the interviewing part of the survey.

DON'T antagonize the respondent. Leave the door open for you or someone else to attempt to convert the refusal and complete the case. Your FS will make this decision.

Make notes in the Newton Refusal Report while the incident is still fresh in your mind. By recording what happened, you'll help your FS decide how to handle the case and also help any other FI assigned to complete the case.

58 - PARENTAL REFUSAL FOR 12-17 YEAR-OLD

USE WHEN: The parent refuses to allow you to interview the selected youth.

ACTION: Tactfully try to persuade the parent to let you talk with the youth. **Section 7.5.1** discusses dealing with parental concerns. **DON'T** antagonize the parent.

Make any necessary notes in the Newton Refusal Report and discuss this with your FS. A special refusal letter may be sent to the parent.

59 - OTHER

USE WHEN: The situation you encounter does not fit into any of the categories above.

ACTION: Describe the situation in the ROC Comments section, and discuss with your FS how to handle the case.

Final Interviewing Codes

Final interview result codes indicate the case is finished — either because the interview was successfully completed OR because you were unable to obtain an interview. For noninterviews, be sure you have completed all suggested, relevant steps described in the pending codes section before asking your FS for approval to assign a final code. Consult with your FS for any additional strategies. If all of these attempts fail, **your FS must agree that the case is complete and must approve your use of a final noninterview code.**

The following list describes the final codes:

70 - INTERVIEW COMPLETED

The respondent has completed the interview.

71 - NO ONE AT HOME AFTER REPEATED VISITS

Given the importance of each and every interview, we expect diligence in pursuing selected household members. However, if your repeated attempts at different times of the day and days of the week fail and your FS agrees, then use this code.

72 - RESPONDENT UNAVAILABLE

We hope that with persistence this code will be used rarely. However, there may be situations in which the respondent is out of the country or institutionalized (hospital, etc.) and will not be returning before the end of the data collection quarter. After you have investigated the situation fully, your FS must approve your use of this code.

73 - BREAKOFF - PARTIAL INTERVIEW

Use this code if all attempts to complete the interview have been unsuccessful and your FS approves.

74 - PHYSICALLY/MENTALLY INCOMPETENT

If the respondent is physically or mentally unable to respond meaningfully to the interview questions, your FS will approve the use of this code.

75 - LANGUAGE BARRIER - SPANISH

Use this code if the case cannot be completed because of a Spanish language barrier and no bilingual interviewer was available to complete the case. Your FS must give approval.

76 - LANGUAGE BARRIER - OTHER

Use this code for any interviews that cannot be completed due to a language barrier other than Spanish. We do not certify interviewers to conduct the interview in other languages. Be sure to specify the language in the ROC comments. Your FS must give approval.

77 - FINAL REFUSAL BY RESPONDENT

If all attempts to convert an adult or youth refusal are unsuccessful, your FS will approve the use of this code. Be sure you indicate the reason for the refusal in the Newton Refusal Report.

78 - PARENTAL REFUSAL FOR 12-17 YEAR OLD

If all attempts to persuade the parent or guardian to allow you to interview the youth are unsuccessful, your FS will approve the use of this code. Be sure to complete the Newton Refusal Report.

79 - OTHER

Use this code only for cases that do not fit any of the other categories such as if the selected respondent is found to be under age 12 or in the military. Be sure to fully describe the situation in the Comments section of the Record of Calls and talk with your FS for approval to assign this code. Carefully consider if another result code applies, since each case with a code 79 must be reviewed by RTI staff.

7.4 Contacting the Selected Respondent(s)

Chapter 4 discussed the process for contacting a sample dwelling unit for screening. The techniques for contacting interview respondents are similar, except that selected interview respondents usually are familiar with the reason for your visit. Other strategies and tools for contacting selected respondents are outlined here. Review the list of CAI interviewing materials in **Appendix A** before leaving your home and make sure you have all necessary paperwork and equipment.

7.4.1 Initial Contacts

As mentioned before, you should always attempt to complete the interview at the time of screening. If necessary, ask the screening respondent to locate the selected respondent for you.

If you must revisit the SDU to contact the selected interview respondent, go to the Newton **Record of Calls** screen to view all the previous visit information. To see who the selected person is for the SDU you are contacting, tap on **Sels** (for selections) to review the roster information for your selected household member. This screen will also give you the Questionnaire ID (QuestID) to enter into your Gateway computer before the actual interview begins (see **Chapter 5** of the **Computer Manual**).

If you also want to see the completed roster for the household, simply tap on **View HH Roster**. Use this information to identify which person to speak with at the unit. You can also view the

respondent selection(s) and household roster information from the **Select Case** screen. Tap the **line for the case** you need to review. Tap **Actions**, then tap **View Selections/Roster**.

Approach the selected respondent using an introduction similar to the one used for screening. Keep it simple and straightforward. It may help to mention which member of the household was the screening respondent, since this person may have discussed the situation with the selected person. If you need to review who the screening respondent was, the household roster displays which of the roster members was the SR.

7.5 Obtaining Interview Participation

Convincing persons who are selected for the interview to participate in the study is an important part of your job as an FI. The selected respondent may not have been the screening respondent and may be unfamiliar with the study. Persons who were the SR are aware of the importance of the study, but keep in mind that respondents who willingly completed a 5-minute screening may need additional convincing to complete a more lengthy interview.

Be sure you are thoroughly familiar with the background information on the study (see **Chapter 1**) and are comfortable answering questions about it (see **Chapter 5**). Specific questions relating to the interview and suggested responses are given in **Exhibit 7.1**. Be comfortable with these topics as well. Remember that the specially designed refusal conversion letters in **Appendix C** are available to help convert reluctant respondents. See **Section 5.4** for more information about refusal letters.

Often, someone is apprehensive about participating in a “survey.” In some instances, their cooperation in the past has resulted in subjection to disguised sales promotions. Using the words “study,” “research,” or “interview” can be helpful. Assure the respondent that you are not selling anything. Show the respondent the NHSDA Highlights and Preliminary Results to explain how the data are used.

In many cases, you will find that the computerized nature of the study will be a positive factor in convincing many respondents to participate. If your interview respondent was also the screening respondent, he/she already observed you conducting the selection process with the Newton handheld computer. This alone may create interest in completing the interview on the Gateway. Young people in particular are often interested in and familiar with the technology. The privacy afforded by completing more sensitive questions using the computer has been shown to be particularly important in getting honest answers from youth respondents.

For individuals who seem intimidated by the technology, such as some elderly respondents, try to begin the interview by suggesting that they try the initial questions to see how easy it will be to complete the interview. Field staff report that some respondents who were initially hesitant became

Exhibit 7.1 Answering Questions About the Interview

I don't use drugs.
How can I help you?

We are interested in the practices, beliefs, and activities of all Americans, including those who do not use illicit drugs. Also, the questions ask about the use of tobacco products such as cigarettes, prescription medications, and alcohol. Even if you do not currently use any of these items, it is important for us to learn that information too.

Are the questions personal?

Some questions may seem a little personal to some people. All answers are confidential; no one else — not even those in your own household — will know what you said. You don't have to answer any question that you don't want to answer.

What type of questions will you ask?

The questions are about your past and current use of various substances and medications. Some questions ask about types of behaviors so we can learn whether certain behaviors indicate patterns of abuse. You may decide not to answer a certain question.

Will my family get to see my answers?

No. You will be interviewed privately. When we are finished, the case will be closed and no one can go back into it — not even me. Then it will be transmitted straight to RTI that night. Remember: we pledge to keep your responses completely confidential.

more confident as the interview progressed and were practically sold on computers by the end! Assure a potential respondent of how simple it will be to complete the interview and that you will be present to help with any problems that might arise.

Sometimes you may encounter a reluctant respondent whom you suspect is making an appointment for the interview at a later date with no intention of keeping the appointment (an “unstated refusal”). If you believe this may be the case, suggest that the respondent just try a few questions now to see how it goes. Once into the interview, most respondents will complete it.

7.5.1 Dealing with Minors

In addition to surveying adults, the NHSDA surveys young people ages 12-17. Completing an interview with a minor **requires** the consent of both the youth and his/her parent or guardian. The only exception to this rule is in the case of emancipated minors living on their own, including college students not living at home. In these cases only, you may conduct an interview without an adult's permission.

Sometimes when screening, you may encounter respondents who are reluctant to provide information about young people in the household. Be sure to emphasize that the screening questions are important and ask to list the residents age 12 and older living in the household. Point out that a youth residing in the unit may or may not be selected to participate in the interview portion of the study.

If a young person is selected for an interview, the parents/guardians may be hesitant to give consent for a “stranger” to ask the young person questions. Allow the parent to review the informational materials, including the Authorization Letter. Since this is a computer interview we don't have a paper questionnaire, but you can offer to show the parent the summary of questions (see **Exhibit 7.2**). Also, suggest looking at the NHSDA Website (<http://nhsdaweb.rti.org>) for more information. If necessary, the parent may call your FS or RS for additional confirmation of your status as a professional Field Interviewer for RTI.

Examples of some responses you may provide to parents include:

- “The subject matter being covered is discussed in most classrooms today.”
- “There are other topics included besides drugs. Knowing the opinions and experiences of your child is important as well.”
- “As you know, all children are not on drugs. But when those who do not use drugs are under-represented, it appears as if most American kids are involved with drugs.”

Exhibit 7.2 Summary of Questions

Summary of NHSDA Questionnaire

You have asked to know more about the National Household Survey on Drug Abuse (NHSDA) and the types of questions the interviewer will ask. Below is a summary of each section of the questionnaire for you to examine. Keep in mind that not everyone will see every question -- the questions depend on the respondent's own experiences. Furthermore, respondents can always refuse to answer any questions during the interview.

Demographics

This section, administered by the interviewer, consists of questions about the respondent such as his/her date of birth, race, educational background, and health status.

Sample Questions:

- What is the highest grade or year of school you have completed?
- Would you say your health in general is excellent, very good, good, fair or poor?

Computer Practice Session

In this section, the interviewer shows the respondent how to use the computer and lets him/her practice using a short practice session.

Cigarettes, Alcohol and Illicit Drugs

For most of the rest of the interview, the respondent answers questions by listening to the questions over the headphones and/or reading the questions on the computer screen, and then entering responses directly using the computer's keyboard. The respondent answers these questions in private, although the interviewer is available to help with the questions or the computer. During this part of the interview, only the respondent can hear and see the questions and see his/her responses.

Tobacco Products and Alcohol

These sections include questions about whether and how often respondents have used cigarettes, chewing tobacco, snuff, cigars, pipe tobacco, and alcoholic beverages such as beer, wine, or liquor.

Sample Questions:

- Have you **ever** smoked all or part of a cigarette?
- How old were you the **first time** you used chewing tobacco, even once?
- What is your best estimate of the number of days you drank alcohol during the past 30 days?

Illicit Drugs

The next sections ask about the respondent's use or non-use of marijuana, heroin, cocaine, hallucinogens, and inhalants; and prescription pain killers, tranquilizers, stimulants, and sedatives when taken only for their effect. Questions about drug dependence and drug treatment are also included in this section.

Sample Questions:

- Have you ever, even once, used marijuana or hashish?
- How much do people risk harming themselves physically and in other ways when they use **cocaine once a month**?

Exhibit 7.2 Summary of Questions (Continued)

Adult Social Environment and Mental Health

Respondents 18 and older receive questions about their social experiences such as: availability of illicit drugs, perceptions of their neighborhood, their relationship with their spouse or partner, and in some cases, their experiences as a parent. The mental health questions assess adults' use of services aimed at treating mental health problems.

Sample Questions:

- How many times **during the past 12 months** have you and your spouse or partner spent an hour or more together doing an activity that you both enjoyed?
- During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but **didn't get it**?

Youth Experiences and Mental Health

Youth ages 12-17 participating in the survey are also asked questions about their social experiences such as: perceptions about the effects of using certain drugs; whether getting drugs is difficult or easy; feelings about school and peers; and involvement in clubs, sports, and other extracurricular activities. Questions about mental health cover such topics as nightmares, social anxieties, and treatment for mental health problems.

Sample Questions:

- During the past 12 months, have you participated in Boy Scouts or Girl Scouts?
- During the past 12 months, have you **often** felt very nervous when you've had to do things in front of people?
- During the past 12 months, have you stayed **overnight or longer in any type of hospital** to receive treatment or counseling for emotional or behavioral problems **not** caused by alcohol or drugs?

Health Care & other Demographic Information

In this section, the laptop is handed back to the interviewer, who asks questions about education, health insurance, health care access, and family income information to help in analyzing the data. An adult in the household may be asked to help youth respondents answer some of these questions.

The answers to these questions will help to increase the government's knowledge about health care, especially as it may relate to drug use or treatment. This information will help in planning health care services and finding ways to lower the costs of care.

Sample questions:

- How many hours did you work last week at all jobs or businesses?
- In 1999, did you have money in any kind of savings or other bank account that earned interest?
- Are you currently covered by private health insurance?

Please feel free to ask the interviewer if you have any other questions about the questionnaire.

Thank you for your cooperation and help!

- “It is apparent that you have taught your child to make wise choices. Through your child’s involvement, the efforts of parents like you who have taken the time and effort to provide your child with guidelines for living will not go unnoticed.”

Although it may seem like a difficult process to obtain consent from both the parent and the youth and to find a time to complete the interview, the vast majority of adolescents complete the NHSDA survey.

Suggestions for converting youth refusals are included in **Exhibit 7.3**.

7.6 Informed Consent Procedures

Even after a respondent has initially agreed to the interview, you must follow the informed consent procedures. The respondents' Right to Informed Consent is a critical part of any legitimate survey. This means each person must receive all the information necessary to make a completely informed and knowledgeable decision about participating. Even if someone immediately agrees to be interviewed, you are still required to review the basics before you begin the interview.

A potential respondent must be informed of:

- the purposes of the study
- the procedures that will be followed
- the approximate length of the interview
- the fact that consent may be withdrawn and participation discontinued at any time (i.e., that participation is voluntary)
- any discomforts, risks or benefits associated with participation, (“No known risks or benefits”)
- sources from which additional information about the study can be obtained. Examples include the Q&A Brochure, Statement of Confidentiality, and the NHSDA Respondent Website.

This information must be made available to each respondent. As explained in the next sections, the complexity and amount of information presented varies depending on whether your respondent is an adult or youth.

Exhibit 7.3 Countering Youth Refusals

Reason for Refusal

Response

Too busy/No time

Be flexible in setting up an interview. With school and extracurricular activities, teens can be very busy so you must be flexible and adjust to their schedules. Remember that a parent should be present in the house (though not the same room) unless explicit permission is granted to conduct the interview without the parent being present.

Drop by before the youth goes out. On the weekends and during the summer, teens generally sleep late and then go out for the day. It helps to visit the house just after they get up but before they are ready to “hit the road.”

Lack of interest/Nothing in it for me

Make them feel important. One of the most important methods for obtaining teen participation is to give them a sense of their own importance. Many have never been singled out and this will give them an opportunity to feel special. Let them know they are irreplaceable.

Send mail. This age group generally likes to receive mail, so make use of the refusal letters. We have developed special letters addressed to many of the concerns teens express. Ask your FS.

Suggest that it could count toward school or community service credit. Some teens can get school credit or community service credit for participating in the study by bringing the lead letter and brochure to their teachers and explaining what it was like to participate. Teens have even written papers about their experience of participating in our study! Encourage the teen to explore this.

Give a Student Certificate of Participation (see **Exhibit 7.4**) that the student can use to confirm participation in the NHSDA. Suggest that some students have been able to receive credit for participation, but that the student must initiate the request, and the teacher/school administration may or may not allow the student to receive credit of any sort. No advance arrangements have been made with any school in the nation. It is **very important** that the respondents and their parents understand that it is the student’s responsibility to arrange to receive any possible school or community service credit. Be very careful not to mislead the respondents into thinking that they will definitely receive some direct benefit from their participation. Use the certificate only with 12-17 year-old respondents.

Exhibit 7.3 Countering Youth Refusals (*Continued*)

When the interview is finished, complete the certificate following these steps:

1. To ensure confidentiality, fill in only the date the interview was completed, your name, and your FI ID #. Do not write the respondent's name on the form.
2. Give the form to the student and tell him/her to sign it before showing it to a teacher. Be sure to also give a copy of the **NHSDA Q & A Brochure**. Also, tell the student that if he/she has access to the Internet, there is a Website with more information about the survey. The address, **<http://nhsdaweb.rti.org>**, is on the back of the brochure.

Mention the DARE (Drug Abuse Resistance Education) program. Almost all youth today have been through the DARE program and remember the parades and class projects involved. Remind the teen of what was learned in DARE and ask him/her to be part of the solution or express an opinion.

Concerns about confidentiality

Provide a private setting. Some teens are concerned about privacy. They don't want their parents to know about things they have done. You need to be sensitive to this and conduct the interview in a private setting, assuring the youth that his/her parents will never see the answers.

Teen-parent power struggles

Sometimes parents worry about their children growing up and try to control that process. Permission to participate in the survey is something parents may feel they can control. You must first convince the parents (before dealing with the teen) that it is to their child's benefit to participate. If the parent is won over, he/she may then insist the teen participate.

Other times the power struggle is in reverse — the parent wants the teen to participate so the teen refuses, knowing it will irritate the adult. In this situation, it helps to get the teen alone and discuss the interview away from the parent. This will help the teen consider participating in a context other than the conflict with the parent(s).

Exhibit 7.4 Student Certificate of Participation

Certificate of Participation

Research Triangle Institute would like to thank

(PARTICIPANT'S SIGNATURE)

for participating in the

National Household Survey on Drug Abuse

on

____ / ____ / ____

(DATE OF INTERVIEW)

Field Interviewer

FI ID #

, National Field Director

Research Triangle Institute

3040 Cornwallis Rd.

Research Triangle Park, NC 27709

This document certifies that the above named student was randomly selected to participate in the NHSDA, a voluntary survey for the United States Department of Health and Human Services. Some students across the country approach their teachers in school to investigate if special community service credit can be received for their participation in this important national survey. A copy of the NHSDA brochure, which explains the study in more detail, should accompany this certificate. If you need further information, contact the National Field Director, _____, at _____. If you have access to the Internet, additional information is available at: <http://nhsdaweb.rti.org>.

7.6.1 Adult Informed Consent

The information you present to a selected adult respondent (age 18 and older) during the informed consent process is found in the front of the CAI Showcard Booklet (see **Exhibit 7.5**). The Introduction for CAI Sample Members 18 or older is read to adult respondents and explains what is required during the interview. Give the respondent a copy of the Statement of Confidentiality to keep. Be sure the respondent appears to understand the contents before you continue.

7.6.2 Parent/Guardian Consent to Approach Youth

Because we will be interviewing minors aged 12-17, we must first obtain parental permission to interview the youth. Before approaching the youth, first introduce yourself and the study to the youth's parent or guardian using the information on the back of the Introduction for CAI Sample Members 18 or older in the Showcard Booklet.

The only exception to obtaining parental permission is in the case of emancipated minors who are on their own, such as college students. In these cases, proceed with adult Informed Consent procedures.

7.6.3 Youth Informed Consent

Once the parent agrees, we ask for the youth's agreement to participate. Read the information from the Introduction for CAI Sample Members 12-17 years old, which is in the Showcard Booklet (see **Exhibit 7.6**). Give the respondent a copy of the Statement of Confidentiality to keep. Observe the youth's reaction carefully. Getting the youth to participate is not typically a problem. However, keep in mind that a youth's failure to object does not mean he or she understands the consent process, and should not be taken that way. Use your judgment. Do NOT begin an interview with a youth until you are satisfied that he/she understands what you are asking and is willing to proceed.

If the youth seems to have trouble understanding, determine if the problem is temporary. If he/she is drunk or high, end the visit and return at another time. If necessary, involve the parent in the decision about whether or not to proceed.

7.7 Getting Started

Being comfortable with the logistics of setting up the computer and starting the interview will make it much easier for you to focus on establishing rapport with respondents, gaining their cooperation, and answering any questions they may have. Practicing this beforehand will improve your chances of doing this correctly during an actual interview.

Exhibit 7.5 Introduction 18 or Older

INTRODUCTION AND INFORMED CONSENT FOR SAMPLE MEMBERS AGE 18 OR OLDER

IF INTERVIEW RESPONDENT IS NOT SCREENING RESPONDENT, INTRODUCE YOURSELF AND STUDY AS NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LETTER, IF NECESSARY.)

We are interviewing approximately 70,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of approximately 3,100 Americans. Participation is voluntary, but we cannot substitute anyone if you decide not to participate.

The study collects information on use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as mental health and other health-related issues for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (GIVE RESPONDENT STATEMENT OF CONFIDENTIALITY.) Please read this statement. It describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Confidentiality Certificate. The Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who are subjects of this study. While some of the questions may be sensitive, your participation will not put you at any known risk, and your truthful responses will be of great value.

We also would like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview? If it is all right with you, let's get started.

Exhibit 7.6 Introduction 12 - 17

INTRODUCTION AND INFORMED CONSENT FOR SAMPLE MEMBERS 12-17 YEARS OLD

INTRODUCE YOURSELF TO THE PARENT IF NECESSARY: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. You should have received a letter about this study. (SHOW LETTER, IF NECESSARY.)

OBTAIN PERMISSION FROM THE PARENT: Your (AGE) year-old child has been selected to participate. (He/she) was selected based on scientific sampling procedures so that the answers your child provides will represent those of over 1,000 other youths. Participation is voluntary, but no substitution can be made if your child does not participate. The answers (he/she) gives us will be kept strictly confidential, and no names are ever connected with the survey. To protect the confidentiality of your child's answers, you will not be permitted to see (his/her) completed survey. The study collects information about use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as mental health and other health-related issues for the nation as a whole. The results of this study will provide a major source of information on drug experience and will be used for important research purposes. If it is all right with you, we could get started. We also like to conduct the interview in as private a setting as possible. Can we find a reasonably private spot to complete the interview?

AFTER PARENTAL PERMISSION, OBTAIN PERMISSION FROM THE 12-17 YEAR-OLD SELECTED SAMPLE MEMBER: Hello, I'm _____, and I'm working on a nationwide study sponsored by the U.S. Department of Health and Human Services. Someone in your house should have received a letter about the study. (SHOW LEAD LETTER.)

We are interviewing approximately 70,000 individuals across the nation. You have been selected to participate in the study, based on scientific sampling procedures. Your responses will represent the views of over 1,000 American youths. Your participation is voluntary, but we cannot substitute anyone else if you decide not to participate. If you agree to take part, you have the right to skip any questions without consequences.

The study collects information on use of alcohol, tobacco, drugs, and certain illegal behaviors, as well as mental health and other health-related issues for the nation as a whole. Responses are never connected to individuals. Because it is important that we get the most accurate information possible, special protections are provided to ensure your privacy. (GIVE RESPONDENT STATEMENT OF CONFIDENTIALITY.) This statement describes the measures being taken to ensure the confidentiality of your responses, which are protected by a Federal Confidentiality Certificate. The Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study which authorizes us to protect the privacy of individuals who are subjects of this study. Your parents or school will never see your answers; only the researchers connected with the study (and they don't know your name). While some of the questions may be sensitive, your participation will not put you at any known risk, and your truthful responses will be of great value.

If it is all right with you, let's get started.

7.7.1. Choosing a Location

Once you have obtained consent for the interview, ask the respondent where would be the best place to conduct the interview. Consider the following issues when choosing the best location:

- **Privacy:** Make sure you are providing a reasonably private location for the respondent. You should also find a location where you and the respondent can sit apart so the screen is not visible to you or another household member during the ACASI portion of the interview (see **Section 7.7.2** for more details).
- **Ethics:** Do not interview a youth if an adult is not present in the home unless the parent has provided express permission. **Never** conduct an interview in a separate bedroom.
- **Temperature:** High temperatures can mean the laptop feels hot on a respondent's lap and sweaty hands are more likely to slip on the keyboard. This is not insurmountable but should be a consideration if there is an option for a cooler location. Also, use of sturdy tables is recommended.
- **Battery power:** Conduct the interview by plugging the power cord to an outlet whenever possible, using the extension cord if necessary. However, also make sure you have a fully charged battery in case you cannot connect to an outlet. For example, you might interview in a location, such as a front porch, where you cannot plug into an electrical outlet so you must rely on the battery. It is a good idea to recharge your battery by plugging it into a wall outlet *each night* before going out into the field. Remember the battery will last about two to three hours before needing to be recharged. See **Chapter 4** of the **Computer Manual** for more information.
- **Safety:** Choose a location where both you and the respondent feel reasonably safe. For example, avoid conducting the interview outside in a neighborhood where you feel theft or gang violence is likely.

Given these constraints, try to be as flexible as possible without compromising the standards and rules for administering the interview. For example, if someone cannot meet you in their home because of their schedule or concerns about privacy, try to find a mutually convenient place such as the place of work (if allowed). Because the computer can run on battery power, it is also possible to conduct the interview outdoors if necessary, such as on a porch, the front steps, or sitting on the curb. The respondent can then rest the computer in his/her lap. Whatever location you agree upon, make sure there is the necessary privacy and convenience for the respondent to complete the survey honestly.

7.7.2 Privacy

For several important reasons, the NHSDA interview should be conducted in private:

- Many of the questions are personal and sensitive. An adult or youth may feel very uncomfortable responding when other family members are present. Maintaining the

confidentiality of the data is **crucial** if the respondent is to provide honest responses, thus ensuring valid data.

- Privacy helps minimize the number of distractions, allowing the respondent to focus on the task at hand.
- Respondents may tell you what they think you want to hear, instead of providing the real answer.

Due to cultural differences, the perception of privacy varies among ethnic and racial groups. For some, privacy may not be viewed as achievable or even desirable given the number of people living in the residence. Experiences often are openly shared with family members. The presence of an infant or very small child usually is not a problem. Encourage those with very young children to schedule the interview for a time when someone can assist with the children if possible.

In some instances a household member, such as a parent, may insist on being present during the interview. A parent should be present in the house during a teen interview unless they have given explicit permission to conduct the interview when they are not at home. However, a parent should not be in the same room and able to view or hear any of the questions or answers. If the parent wishes to be present in the room during the administration of the survey, explain that the youth must be able to listen and answer all questions in privacy. Explain to the parent that respondents are generally more honest — thus providing higher quality data — when allowed to answer the questions privately. It is important that the youth be comfortable enough with the situation to answer questions honestly. The presence of a parent may seriously compromise the data we receive. Well-meaning persons may try to clarify or explain a situation the youth has described or coach the youth on answers. Inform the parent that the study is very interested in the answers of the youth and would like him/her to answer without any outside influence.

If the parent still insists on being present, go on with the interview but make sure the parent cannot hear or view the questions or answers. If this is not possible and there is no privacy, politely stop the interview and reschedule for another time. Document either situation in the Newton ROC and FI Observation questions at the end of the interview.

In general, if privacy is disrupted briefly by someone walking past the room during the CAPI portion, stop reading questions until the person is gone and a private setting is reestablished. If household members are present or interrupt often during the CAPI portion, one way to achieve greater privacy is to position the respondent next to you so he/she can read the questions and response categories on the computer screen and then say the number or letter or simply point to the answer on the screen. That way, other household members passing do not hear the questions or answers. Looking at the screen allows the respondent to answer with a number or letter so other household

members do not know the responses. This would not be effective when interviewing a poor or nonreader, however, who needs to hear the questions and responses read aloud.

Finally, if you believe the setting is not private enough for the respondent to answer truthfully, offer to return to the household when you can complete the interview in private.

7.7.3 Setting up the Computer

When you choose a spot to set up the computer for the interview plan to sit opposite or catty-corner to the respondent. Here are some ergonomic considerations to maximize your own comfort and that of the respondent when setting up the equipment. Whenever possible:

- Sit with the computer straight in front of you at a comfortable height. Place your feet flat on the floor and keep your back straight. The monitor should be about 20" in front of your face.
- Keep your arms at a 90-degree angle to the keyboard with your wrists straight.
- Arrange for adequate lighting. Soft, indirect lighting is preferable. Position the screen so that sunlight or bright indoor lighting does not reflect off of it.

Just a few adjustments like these will greatly increase your comfort and the respondent's comfort in the short and long-term.

Once you are in a private location, assemble your equipment and materials.

- Unpack the computer.
- Connect the two parts of the power cord and then plug it into a wall outlet.
- Use the extension cord if needed to reach a wall outlet.
- Connect the headphones and cover the earpieces with a new set of disposable covers.
- Open the laptop by pressing the display latch.
- Press the ON button in the top right corner above the keyboard. Allow time for the computer to start and the password prompt to appear on the screen.
- While you are waiting, get the QuestID from your Newton and take out the reference date calendar, Showcard Booklet, and the verification form and envelope.

When the password prompt appears, you are ready to begin the interview. See **Chapter 8** as well as **Chapter 5** of the **Computer Manual** to read about the procedures for conducting a CAI interview.

REVIEW OF CHAPTER 7

Preparing to Interview

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- As a professional field interviewer on this study, you are responsible for making sure that every interview is administered correctly. In addition, you must always maintain high ethical standards, treating your respondents and their information with the utmost confidentiality and respect. It is important that you remain completely unbiased and objective.
- It is always best to try and complete the interview immediately after a respondent has been selected through the screening process. This will improve your response rates and efficiency. If this is not possible, identify a good time to return and set a firm appointment.
- As with screenings, any interview result or visit must be documented in your ROC and assigned a result code.
- Even after the screening has been completed, the Newton will allow you to view the household roster and selection screen. This enables you to re-educate yourself on the make-up of the household on your return visits.
- The skills that will make you successfully complete screenings will likewise help you as you try to obtain interview participation. You will need to be professional, friendly, knowledgeable, and PERSISTENT.
- To complete an interview with a minor, you must obtain the verbal consent of the minor and the parent/guardian.
- To actually administer the interview, it is imperative that you find a private location where you and your respondent can comfortably use the laptop.

QUESTIONS TO ASK YOURSELF

1. What screen on the Newton will allow you to add a call record?
2. Assign a code for the following situations.

You make a return visit to the DU, but your interview respondent is not there.

A mother does not want you to interview her 16 year old son.

The respondent speaks only Spanish and you are not a certified bilingual interviewer.

You set a firm appointment with the selected respondent for tonight at 6 PM.
3. Imagine that you have completed a screening on Monday evening and you are making a return visit on Tuesday evening to try and catch the selected interview respondent at home. You are interested in knowing who the screening respondent was, and since you have done 20 cases since yesterday, you can not remember. How can you get this information from your Newton?
4. When is a good time to catch teens at home?
5. If a teen refuses because of a lack of interest, what would you say?
6. Why is it so important that the NHSDA interview be conducted in private?

8. THE NHSDA INTERVIEW

8.1 Introduction

Chapter 7 discussed preparing for an interview, including the informed consent process. This chapter discusses the actual NHSDA interview process, including general standards for administering the interview, the contents of the questionnaire, and the procedures for you to follow at the close of the interview. Technical details about the CAI interview process are covered in **Chapter 5** of the **Computer Manual**.

Two methods of administration are used in the CAI interview. The CAPI portions require you to read questions from the computer screen and enter the respondent's answers into the computer using the keyboard. During the ACASI segments, the respondent sits in front of the computer, puts on headphones through which he/she can hear the questions read, and enters his/her own responses into the computer.

8.2 Standardizing the CAPI Interview Process

The most crucial element of the interview process for a major national field survey such as the NHSDA is standardization. To the maximum extent possible, every interviewer must administer every questionnaire to every respondent in the same way. This helps eliminate variability and interviewer bias, two factors that can seriously undermine the validity, or "credibility," of the data collected. Standardization minimizes the variability in the way you, as the interviewer, ask questions.

RTI staff have developed some basic rules for administering the NHSDA interview. Many of these rules are standard to all interviewer manuals, but a few are specific to the NHSDA. Conducting all interviews using the rules outlined in this section will ensure that the entire field interviewing team asks the questions in an unbiased manner.

8.2.1 General Questionnaire Conventions

The NHSDA questionnaire uses several different conventions that are discussed below. It is essential to become familiar with these conventions so that you can use them effectively.

1. Lowercase text

- All lowercase black text not in parentheses is mandatory and must be read aloud by the FI in CAPI. In ACASI, the computer voice reads this text aloud and the respondent listens with the headphones.
- Black lowercase text (in parentheses) is optional. This is wording that does not have to be spoken aloud. Optional wording is provided where it might be helpful for you to "customize" or clarify the question or when an optional explanation is available.

- Lowercase text in blue signifies that the word(s) should be spoken with emphasis. For example, for the question “Are you **currently** on **active** duty in the armed forces, in a reserve component, or now separated or retired from either reserves or active duty?” the word “currently” would appear in blue on the screen so you would emphasize this word.
- Lowercase text in green below the question on the screen is either (1) interviewer notes which should not be read aloud unless the respondent asks for more details about a question or (2) family member information to be read as necessary to remind the respondent to whom a question refers.

2. Uppercase Text

- Text in ALL CAPITAL LETTERS is never to be spoken aloud as it includes instructions for the interviewer. These may appear in the text of a question.

8.2.2 Asking the Questions

The following rules apply for the CAPI portions of the interview where you are asking the questions:

1. Ask the questions using the exact words on the screen.

This may seem obvious, but it is key to ensuring comparability of the data gathered from the survey. If you change the wording in a question, even slightly, the respondent's answer may change.

Imagine this situation:

*Actual question: During the past 30 days, that is since January 1st, 2000, how many **whole** days of school did you miss because you were sick or injured?*

FI asks: During the past 30 days, that is since January 1st, 2000, how many days of school did you miss because you were sick?

A respondent could answer two different numbers for the two different questions if the respondent had only missed partial days or had only missed days of school for an injury. The kinds of subtle changes in the phrasing of questions that are common when people are reading aloud can easily result in different answers. Read every question exactly as it appears.

2. Ask the questions in the exact order they appear.

Follow the order of questions as they appear on the screen. The computer automatically generates skip patterns based on the respondent's answers, so follow the exact sequence as it appears. If you feel you have reached a question in error, use the [F9] key to move backwards through the questions and check the answers recorded.

3. Read the complete question.

The respondent may interrupt you and answer before hearing the complete question. When this happens, politely explain that you have to read the entire question, then read the question again. Do not assume the premature response applies to the question as it is written.

4. Read the questions slowly.

As you become familiar with the questions, you may be tempted to read more quickly. However, you must remember that this is the first time the respondent has heard these questions, so read slowly enough to allow the respondent to understand everything you are asking. A pace of about two words per second is recommended.

Give the respondent plenty of time to recall past events. If necessary, allow time for the respondent to check records such as insurance records, payment records, etc., to answer questions.

5. Use introductory or transitional statements as they are written.

Since the questionnaire covers a number of topics, focusing the respondent's attention on a new topic as it occurs in the sequence is often necessary. Transition statements are provided and must be read exactly as written. These statements often contain instructions for the respondent — time periods, circumstances to be considered, definitions, etc.

6. Know how to pronounce the drug names correctly.

Although the specific drug questions are contained in the ACASI portion of the interview, it is essential that you know how to pronounce the drug names correctly if a respondent asks about them. **Appendix E** contains phonetic spellings of the drug names.

7. Do not suggest answers to the respondent.

As you go through the interviewer administered sections of the interview, you will come across questions you think you can answer based on information you heard earlier. You may want to suggest answers to the respondent. Or during the ACASI or CAPI sections the respondent may try to rely on you to help answer the questions. **Your job as an interviewer is to ask the questions and make sure the respondent understands, but not to answer for the respondent. Do not help the respondent choose a response.**

8. Become comfortable with the interview material.

Even though you are not administering the majority of the interview, it is important to be familiar with the questions so you can help respondents if any problems arise. Some questions may make you uncomfortable at first because they ask about personal matters, such as drug use and illegal acts. Even so, you should be familiar enough with the questions to be able to explain what is being asked.

9. Be nonjudgmental.

It is essential that you interact with respondents in a nonjudgmental manner. It is possible that respondents will tell you about actions that are illegal or that you find to be immoral, sad, or shocking. Regardless of what you hear, you must accept the information without judging. It is important that you accept all that you hear in a matter-of-fact manner so that the respondent continues to feel comfortable providing confidential information.

8.2.3 Probing

This section discusses “probing,” a technique used to help ensure that the answers given by the respondent are as accurate and complete as possible. Probing serves two purposes: 1) to help the respondent understand the question, and 2) to obtain a clear, codable response from the respondent **without suggesting answers**. Be sure to use an appropriate neutral or nondirective probe. General rules for probing include:

- Repeat the question if the respondent misunderstood or misinterpreted the question. After hearing the question the second time, the respondent likely will understand what is being asked. This is usually the best and most straight forward method of probing. Similarly, repeating the answer choices suggests to the respondent that the response needs to come from these choices.
- Repeat the answer if the response is too vague to answer the question. For example, if you ask the respondent for his/her current marital status and he/she answers, “I’m on the loose,” an effective probe is, “On the loose?”
- Pause to indicate to the respondent that you need more or better information. This is a good silent probe after you have determined the respondent’s response pattern.
- Use neutral questions or statements to encourage a respondent to elaborate on an inadequate response. Examples of neutral probes are “What do you mean?” “How do you mean?” “Tell me what you have in mind” or “Tell me more about....”
- Use clarification probes when the response is unclear, ambiguous or contradictory. Be careful not to appear to challenge the respondent when clarifying a statement and always use a neutral probe. Examples of clarification probes are “Can you give me an example?” or “Could you be more specific?”

Exhibit 8.1 lists specific examples of acceptable probes.

Exhibit 8.1 Examples of Acceptable Probes

Repeating All or Part of the Question

- “Let me read the question again.” Repeat the full question with emphasis.
- “Let me read the question again just to be sure we are focusing on the same time period.” Repeat the full question with emphasis.
- Repeat the answer choices with emphasis.
- Wait 10-15 seconds. If no answer is given, repeat the full question.

Requesting a Clarification

- “For this question, I need an answer of either ‘yes’ or ‘no’.”
-or-
“Is that a ‘yes’ or a ‘no’?”
- “Can you give me a specific number of (hours/days/weeks/etc.)?”
- “Would you say 9 or 10?”

Reassurances

- “To the best of your knowledge . . .”
- “Remember that we will not tell anyone what you say.”
- “Remember, there are no right or wrong answers.”
- “Take your time.”
- “I have to ask all of the questions in order.”
- “We’re interested in your own interpretation of the question.”
“We just want to know what you think.”
- “Whatever [WORD] means to you.”

Repeating an Earlier Question

- “Let me read you an earlier question.”

8.2.4 When and How to Probe

The following explains when and how to probe to obtain information that is complete, accurate, and useful to the researchers who will later analyze the data.

RESPONDENT DOES NOT GIVE A SIMPLE “YES” OR “NO” ANSWER

- Gives a clear answer, but not “yes” or “no”

If the respondent gives an answer to a yes or no question that is *completely* clear (“absolutely” “not at all”, “never!”), enter “yes” or “no” even though the respondent did not actually say “yes” or “no.” There is no need to probe in such cases.

- Says “yes” or “no” and *more*

Respondents often say “yes” or “no” and then give you additional information. For example, if you ask, “Have you received treatment for psychological or emotional problems at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months?” the respondent might say “Yes, but it was only because my father died and I was really depressed for a few months. I’m not crazy.” The additional statement explains why, but it *does not contradict* the “yes” answer. In such cases, ignore the additional information and enter the “yes” or “no” answer without probing.

On the other hand, if you think the additional information *might contradict* the “yes” or “no” answer, repeat all or part of the question. For example, when asked if the respondent or any of the respondent’s family members living at the DU received food stamps in the past 12 months, the respondent says, “no, just Grandma.” You know from the recently completed household roster that Grandma does live at this residence. Since the additional information seems to contradict the “no” answer, repeat the question emphasizing the phrase “... or anyone in your family living here...”

UNCLEAR RESPONSES

- Unclear numeric answers

Some questions ask for a number (an age, the duration of something, etc.). If the respondent answers with “a few,” “I was pretty young,” “quite a while” etc., then say: "**Can you give me a specific number of (hours, days, etc.)?**"

Often respondents will answer these questions with more than one number (“when I was 18 or 20 years old,” “for two to three days,” etc.). For many questions in the NHSDA we only want a single number as an answer, not a range, so it is necessary to encourage respondents to give us their **best opinion as to a specific number**.

If the respondent is unable to answer with a single number even after probing, choose the *more extreme* number given. Examples are:

- a time - code the category with the most recent time (ex: “2 or 3 weeks ago,” record “2 weeks”)

- an amount - code the category with the greatest amount (ex: “\$25,000 or \$28,000,” record “\$28,000”)
- a frequency - code the category with the highest frequency (ex: “once or twice a week,” record “twice a week”).

If the response is a fraction and the question asks for:

- an age: drop the fraction (ex: “18½ years old,” record “18 years”) and record the younger age;
- a number of days, years, miles, etc.: round fraction to next highest whole number (ex: “8½ days,” record “9 days”) and record the greater number.

- Gives a vague or unclear response

If the respondent seems to have understood the question, but gives a vague or unclear response such as “it depends” “Oh, Lordy!” “sometimes yes, sometimes no,” then gently say, “**Is that a ‘yes’ or a ‘no’?**” If you are not sure the respondent understands or remembers the question, repeat the question, saying “**Let me read the question again.**” When repeating the question, pause slightly between parts of complex phrases, and emphasize any words that will help the respondent understand (focus your emphasis on the time frame and the terms that describe frequency).

- Gives an unrelated response

Sometimes respondents go off on a tangent without answering the question. Do not discuss personal issues with the respondent. Be polite. Without offending the respondent, bring the focus back to the job at hand by listening, smiling to acknowledge the respondent’s words, then repeat the question, emphasizing important words.

MISUNDERSTANDINGS

- Doesn't understand the question

If the respondent tells you he or she does not understand a question, or if the answer makes no sense and indicates that the respondent did not understand, say “**Let me read the question again**” (**repeat the question, emphasizing key words**). Note: The first sentence (“Let me read the question again”) is optional and should be used only if you think it helps you maintain rapport with the respondent.

- Misunderstands the time period

If the respondent says something that makes you think he or she is not focusing on the correct *time period* for the question, reread the key part of the question or the entire question, emphasizing the time period and **pointing to the relevant time period on the calendar**. The calendar is designed to make the recall task easier. For example, if you ask a 35-year-old if he has worked in the last 12 months and he says, “Yes, when I was 20 years old,” he is not focusing on the correct time period (the last 12 months).

- Misunderstands a frequency requirement

At times, respondents give answers that indicate they may not have understood the frequency requirement of the question.

- Misunderstands an intensity requirement

Sometimes you will need to probe because the respondent does not understand or ignores the *intensity* or severity that is asked about in the question.

DON'T KNOW, REFUSED

- A respondent says "I don't know"

When a respondent says "I don't know," it can mean one of three things: 1) the respondent may need more time to think about the answer; 2) he or she may be reluctant to tell you something personal; or 3) he or she actually does not know the answer to the question — or is unsure of the best answer.

If a respondent says "I don't know . . . hmm . . ." and appears to need more time to think about an answer, then wait silently and expectantly for an answer. If you feel it would help, you may say "**Take your time.**"

If you think the respondent has said "I don't know" because he/she is reluctant to tell you private information, you should put the respondent at ease by saying "**Remember that we will not tell anyone what you say**" or "**Remember, there are no right or wrong answers.**"

Sometimes respondents truly don't know the answer to a question. For example, if you ask about certain items covered by their health insurance, the respondent may simply not know. The *first time* that a respondent says "I don't know" in this way, say "**To the best of your knowledge . . .**" On future questions, however, you may accept the "don't know" response in the interest of not alienating the respondent.

Note: Listen closely to respondents to be sure they are really saying that they don't know "Oh, I don't know, probably not" could actually mean "no" to the respondent, while "I don't know, I could have" may mean yes. Don't guess what the respondent means. Instead, say "**Is that a 'yes' or 'no'?**" using a pleasant tone.

- Refuses to answer a question

After repeating the assurance of confidentiality, allow the respondent to exercise the right "to refuse to answer any or all questions." You should also enter "Refused" if a respondent does not feel comfortable answering a specific question. Add a remark about the circumstances (see **Section 5.7** of the **Computer Manual** for instructions on how to add a remark in the CAI system).

- Does not answer a question

If the respondent does not answer, wait 10-15 seconds to give the respondent time to think. If there is still no response, say "**Let me read the question again**" (**repeat the question emphasizing key words**). If no answer is given a second time, code as "Refused" and

continue. Sometimes respondents fail to answer a question they find very personal rather than flatly refusing to answer. Sometimes, however, they have become unwilling to continue with the interview. If you suspect that this is the case, ask the respondent if he or she would like to take a break. They may feel like continuing after a few minutes to themselves.

- Does not give a codable answer

In the unlikely event that the probing strategies do not work in obtaining a codable response from the respondent, enter a comment in the remark box for that question. Use a “Don’t Know” as the response to the question so you may continue with the interview.

8.2.5 Recording Responses

Most of the questions in the NHSDA questionnaire have precoded responses. A few questions, however, are open-ended so you must type in a response to the question. Some questions have precoded responses including an “Other (SPECIFY)” category. If the respondent's answer does not fit into a precoded answer, then choose “Other” and specify the response.

When recording open-ended or other specify responses, follow the recording practices below to ensure the recorded responses accurately reflect the respondent's answers.

- Record the response verbatim typing the keywords the respondent says. For example, the respondent is specifying her race and says “I think of myself as...,” there is no need to record that first phrase. The important step is to accurately record the race.

Record answers in English, even if the interview is being conducted in Spanish. Only record a Spanish word if there is no comparable English word to translate the answer.

If you run out of room in the “other specify” box, make a note for the question, continuing the answer in the remark space (see **Section 5.7** of the **Computer Manual**).

- Record your notes for any responses that “don't quite fit” in one of the response categories for that question. Remember to record any general remarks about the interview or interview setting of the questionnaire. Your notes will help the analysts to understand any points of confusion, difficulty, etc. (see **Section 5.7** of the **Computer Manual**).
- Wrong code — If you mistakenly enter the wrong answer or if the respondent changes his/her mind, go back to the question by pressing [F9] and use the backspace key to erase the old answer. Then type the correct answer.

Since respondents complete most of the questionnaire on their own, answer their questions about recording responses in this same way.

8.2.6 “Don’t Know” or “Refused”

“Don’t know” or “Refused” responses generally do not appear as answer categories in the questionnaire although they are within the acceptable range of responses. Since these responses are not displayed on the screen, the respondent is more likely to answer the question within the “preferred” ranges. *Follow the probing techniques discussed in Section 8.2.3 to encourage accurate reporting.* However, "Don't know" and "Refused" are always possible responses for any question in either the CAPI or ACASI sections.

- If a respondent refuses to answer a question while you are administering the CAPI, probe. Then if needed, press the [F4] key for “Refused.” The computer moves to the next question automatically.
- If a respondent tells you he/she doesn't want to answer a question during the ACASI portion, repeat the confidentiality concepts before telling the respondent to press the [F4] key if the respondent still doesn't want the answer.
- If a respondent doesn't know the answer to a question you have asked and a “don’t know” code is not available, probe first. Then, if necessary, press the [F3] key and the computer will move to the next question.
- If a respondent doesn't know an answer during the ACASI portion, tell the respondent to make a best guess. If needed, say to press the [F3] key.

8.3 The NHSDA Interview Content

Exhibit 8.2 contains a chart listing the various topics involved in the NHSDA interview. The chart also lists any additional materials that are needed for each particular section. The first section of the interview contains questions on basic demographics (such as age, sex, and race) and is administered in CAPI. This is followed by a brief ACASI practice session. After the practice, the respondent completes the ACASI section, which contains the questions about drug use and certain experiences and opinions. When the respondent has finished this section, turn the computer back toward yourself and administer a second CAPI component which contains more specific demographic questions, plus questions about income and health care. Following this second CAPI portion you will be asked to complete a short series of FI debriefing questions. These questions are NOT to be read aloud to the respondent.

Exhibit 8.2 NHSDA CAI Interview Content

Module	Mode of Administration	Required Aids
Basic Demographics	CAPI*	Showcards 1-4
Overall Health Question	CAPI	None
Calendar	FI reads instructions and helps respondent identify 30-day and 12-month reference dates.	Reference Date Calendar
Computer Practice	Respondent completes computer practice session with FI help if necessary.	None
Tobacco	ACASI**	None
Alcohol	ACASI	None
Marijuana	ACASI	None
Cocaine	ACASI	None
"Crack"	ACASI	None
Heroin	ACASI	None
Hallucinogens	ACASI	None
Inhalants	ACASI	None
Pain Relievers	ACASI	Pillcard A
Tranquilizers	ACASI	Pillcard B
Stimulants	ACASI	Pillcard C
Sedatives	ACASI	Pillcard D
Special Drugs	ACASI	None
Risk/Availability	ACASI	None
Drug Dependence and Withdrawal	ACASI	None
Special Topics	ACASI	None
Drug Treatment	ACASI	None
Health Care	ACASI	None
Adult Mental Health Service Utilization	ACASI	None
Social Environment	ACASI: 18+ year-olds only	None
Parenting Experiences	ACASI: parents of 12-17-year-olds also selected for interview	None
Youth Experiences	ACASI: 12-17-year-olds only	None
Adolescent Mental Health	ACASI	None
Youth Mental Health Service Utilization	ACASI	None
Additional Demographics:	CAPI: FI reads questions and records responses.	None
Education	CAPI	Showcards 5 & 6
Employment	CAPI	Showcards 7-11
Religion	CAPI	None
Household Roster	CAPI	Showcards 12 & 13
Proxy Information	CAPI	None
Health Insurance	CAPI (Proxy allowed)	Showcards 14-17
Income	CAPI (Proxy allowed)	Showcards 18 & 19
Verification	FI asks respondent to complete form.	Verification Form, envelope
FI Observation Questions	FI records own responses.	None

* **CAPI** (computer-assisted personal interviewing): FI reads questions and records responses.

** **ACASI** (audio computer-assisted self-interviewing): Respondent reads questions on screen or listens to questions through headphones and then records answers into computer.

8.4 Introductory Statement & Informed Consent

At the beginning of the interview the computer will prompt you to make sure you have provided any necessary information to the respondent. If — and only if — the respondent asks, read the burden of proof statement on your computer screen. See **Section 7.6** for information about Informed Consent Procedures.

8.5 Verifying Eligibility

The first question the computer prompts you to ask is the respondent's date of birth. This question is asked for three reasons:

- to verify that the respondent is age 12 or older before beginning the interview (individuals under age 12 are not eligible for the survey)
- to confirm that the respondent's age was correctly classified when selection occurred during screening
- to figure the respondent's age at the time of the interview.

8.5.1 Underage or Active Military Respondents

We cannot interview respondents who are not at least 12 years old. It is possible you could begin an interview and discover that the respondent is not yet 12 years old. If this happens, do NOT re-roster the entire household. Instead, the computer asks you to confirm that this response is correct and ends the interview. If the respondent is found to be ineligible during the ACASI portion of the interview, the computer will take the respondent to the end of the ACASI portion. Then you take back the computer and enter the 3-letter code (RTI) to continue. After you enter this code, the computer exits the interview.

The same situation could occur if at some point during the interview you discovered the respondent is on active duty military status. Again, do not re-roster the household. The CAI Manager will end the interview automatically and consider it a completed case.

In either of these situations, you must discuss the case with your FS. With approval, code the case in the Newton as a 79 "OTHER," and document the situation in your Newton Record of Calls.

8.6 Use of Showcards and Pillcards

During the interview, there are times when it is helpful to the respondent to see the list of answer categories or see other visual references to aid in answering a question. Called Showcards, they are bound together into the Showcard Booklet. The Showcards list answer categories when the list is long or complicated so the respondent can review all choices carefully. Using the Showcard Booklet

will encourage the respondent to report more honest answers to sensitive CAPI questions such as income or education level. Also, other household members who may be nearby do not hear the actual response.

Also included in the Showcard Booklet are color pictures of various types of pills, called Pillcards. The respondent uses the cards as a visual aid when answering ACASI questions about the use of pain relievers, tranquilizers, sedatives, and stimulants. The respondent is instructed as to when to ask for each card. If a respondent fails to ever ask for the pillcards, please note that detail in the FI Observation questions at the close of the interview.

Using tab dividers, the showcards are separated from Job Aids, included at the back of the Showcard Booklet for your reference.

8.7 Completing the Reference Date Calendar

Early in the interview, you and the respondent will complete a calendar to define the reference periods — past 30 days and past 12 months — used throughout the interview. An example of a properly completed calendar is shown in **Exhibit 8.3**. The calendar is printed on legal size paper (8.5" x 14") with the months from last year and this year printed on one side. In the center is a box in which you will record the two reference dates. Send all completed reference date calendars to your FS weekly (**include them with your PT&E**).

The computer calculates the appropriate reference dates for you. Instructions appear on the computer screen.

For example, assume you are conducting an interview on May 18, 2000.

- First, the computer determines the 30-day reference date. This date is NOT the same date last month, meaning 4/18/00 is NOT the correct date. In this case, the computer will determine that April 19th is the 30-day reference date.
- Write the date in the box on the front of the calendar. Then circle that day, and underline the entire 30-day reference period for the respondent.
- The computer will tell you the 12-month reference date. This will be the interview date, one year earlier. For example, an interview conducted on May 18, 2000, would have May 18, 1999, as the 12-month reference date.
- Write the 12-month reference date in the box, and circle it on the calendar as well. Do not underline the entire 12-month reference date.
- Record the Case ID# at the top of the calendar.

Exhibit 8.3 Reference Date Calendar

REFERENCE DATE CALENDAR

Case ID: OH04100182-A

JANUARY 1999

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 1999

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH 1999

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL 1999

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY 1999

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE 1999

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY 1999

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST 1999

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER 1999

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER 1999

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

NOVEMBER 1999

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER 1999

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

30-DAY REFERENCE DATE: <u>April 19, 2000</u>
12-MONTH REFERENCE DATE: <u>May 18, 1999</u>

JANUARY 2000

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY 2000

S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29				

MARCH 2000

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2000

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY 2000

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE 2000

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JULY 2000

S	M	T	W	T	F	S
					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST 2000

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER 2000

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

OCTOBER 2000

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER 2000

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER 2000

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

8.8 FI Responsibilities During the ACASI Portion

After you complete the reference date calendar, you will see a screen that looks like this:

BEGINNING ACASI SECTION

An important part of this interview is the sections you will conduct completely on your own using the computer and the headphones. Before you begin, I will help you to go through a short practice session to learn how to use the computer.

MOVE COMPUTER SO RESPONDENT CAN USE IT AND POINT OUT THE FOLLOWING:

- LABELED KEYS IN TOP ROW (FUNCTION KEYS)
- NUMBER KEYS
- [ENTER] KEY
- SPACE BAR
- BACKSPACE KEY
- THE BOTTOM OF THE SCREEN WHERE THE ANSWERS WILL APPEAR

CAUTION RESPONDENT ABOUT ON/OFF SWITCH.

ADJUST HEADPHONES FOR RESPONDENT AND DEMONSTRATE VOLUME CONTROL.

WHEN RESPONDENT IS READY, PRESS '1' TO CONTINUE.

IntroAcasi		
------------	--	--

After reading this introduction, you are ready to train the respondent to use the computer. Your role before the practice session begins is to familiarize the respondent with the keyboard, particularly the location of the [ENTER] key, the space bar, the backspace key, the “function” keys, and the number keys. The function keys are particularly important to the respondent during the ACASI portion of the interview. Below are the function keys the respondent needs to know (however, the use of “don’t know” and “refused” options should not be encouraged):

- [F3] Enters a “don’t know” response for the question.
- [F4] Enters a “refused” response for the question.
- [F7] Toggles the sound on and off.
- [F9] Takes you back one question. To change the answer, just backspace and type over it.
- [F10] Repeats the question over the headphones. If you press [F10] while a question is being read through the headphones, it will start over at the beginning of the question. If the audio cuts-off in the middle of a question pressing [F10] replays the audio for the whole question.

This only needs to be a *brief* orientation covering the points listed on the transition screen, because the respondent will complete a detailed practice session on using ACASI. Once you have pointed out the general location of the main keys and you are sure the respondent is ready to begin, press [1] to start the ACASI practice session. The practice session explains what the respondent needs to know to complete the ACASI interview, but be prepared to answer questions.

Tell the respondents that when they see the screen that asks for the 3-letter code they will have completed the ACASI sections and should let you know. The screen will instruct the respondent to hand the computer back to you. Remember that the respondent should complete the ACASI interview in private; therefore, you should only sit beside the respondent during the ACASI practice session. Then move to some location in the room where you are unable to see the computer screen. **Do not leave the room.** Remain available to hand the respondent the pillcards or in case the respondent has questions or needs help with the computer.

You need to be available to help if your assistance is required, but be unobtrusive. Try to occupy yourself constructively so the respondent will not feel rushed. However, be aware of what is happening with the respondent. Because most of this questionnaire is self-administered, it is important to be sensitive and responsive to subtle clues from the respondent. In particular, be receptive to signals that the respondent is having a problem with one of the questions or with the computer.

Some suggestions for how to fill the time during the ACASI are as follows:

- Prepare the Verification Form and envelope for use at the close of the interview.
- Update your Record of Calls on the Newton.
- Review additional cases to be worked that day, modifying your plans as needed.
- Re-read portions of the FI Manual or the FI Computer Manual.

When the respondent is finished with the self-administered portion, usually about 30 minutes, take back the computer and ask the questions for the remaining sections.

8.9 Industry and Occupation Coding

Several questions in the back end Demographic section (following the ACASI portion) ask for details about the respondent's job. The details are used to assign two standard 3 digit codes that accurately classify the work in a particular industry and as a particular occupation. The coding staff who assign the codes require very detailed responses in order to correctly assign accurate codes. Please read the following examples and refer to the pages of the Occupation Code Book in **Appendix F**. Always record as much detail as possible.

Record the respondent's job title or a short phrase that accurately describes the work done. If the respondent is a supervisor, be sure to record in which department. The following are examples:

Accounts Receivable Department Manager	Waiter
Assistant Graphic Designer	Portrait Photographer
Secretary	Tool Design Engineer

Record major responsibilities (most important activities or duties) at work, such as:

“Oversees Account Receivables Clerk, makes sure accounts are kept current and paid on time.”

“Does computer graphics, design signs and banners.”

“Types, files, answers phones, keeps boss organized.”

“Places orders, serves food to customers, makes sure customers are happy.”

“Takes pictures requested, develops film, prints pictures.”

“Designs parts for existing machines to modify the parts produced by the machines.”

For the industry questions, be as specific as possible. Please read the following examples carefully and refer to the example pages of the Industry Code Book in **Appendix G**:

BAD

Auto Shop

Nurse (Give type
& where care given)

Manufacture Belts

Mining

GOOD

Auto Repair Shop
Service Station
Auto Parts Store

RN - Neonatal unit in hospital
RN - home nursing care
LPN - doctor's office

Manufacture leather belts
Manufacture timing belts for cars

Silver mining
Copper mining

Teacher	12th Grade English Teacher at a private school Special-Education teacher in a public elementary school Professor of Psychology at the University of Michigan
Foundry	Steel foundry Iron foundry

Include the type of company along with the department or division. Specifying the product made is extremely important. For example, if the respondent says “newspaper delivery,” distinguish whether he/she works for a publisher or a distributor. If the respondent says “Liggett and Myers,” ask him/her to define what his/her division of the company does (Liggett and Myers makes and distributes dog food, jewelry, and lawn mowers, as well as tobacco products.)

8.10 Respondent Difficulties

At some point, you may encounter a respondent who is impaired in some way. The main concern is whether the respondent is physically and emotionally capable of participating in the study. This is a judgment call that you must make.

If a respondent appears not to understand the questions or is giving senseless answers, be sure you are not asking them too fast and are giving the respondent adequate time to think about the answers. If, during the interview, you suspect that the respondent does not comprehend the questions or is too confused or impaired to give accurate answers, discontinue the interview and talk to your supervisor. You may encounter a respondent whom you judge to be under the influence of alcohol or drugs. If a respondent appears to be intoxicated, do not begin the interview. If you have already begun, terminate the interview once you are convinced he/she is intoxicated. Attempt to reschedule for another time and report this to your FS.

You may encounter a respondent with physical limitations, such as blindness or paralysis. Some people with blindness or physical handicaps will be able to operate a computer, although many may not. This study was designed for self-reporting, so ONLY in the instances of the physically impaired are you permitted to complete the ACASI portion of the interview for a respondent. In these cases, explain the situation at the end of the interview in the FI Observation questions and discuss with your supervisor, if necessary. If a respondent begins the ACASI Section and later decides that it is too difficult to finish on his/her own, you should give the respondent the option of having you key the answers or coding the case as a final breakoff. If a respondent has physical limitations that prevent him/her from participating even with your help, try to evaluate the situation and check with your supervisor.

Another challenge you may come across is how to interview a respondent with poor or no reading skills. Younger respondents (12-17), respondents whose native language is not English, respondents who cannot read or write, elderly respondents, or those with hearing or vision problems may fall into this category. You may not become aware of a person's inability to read (or write) until you pass the computer to the respondent. The respondent may not tell you he/she cannot read. Instead, he/she may try to hide this inability by using the excuse about being "too busy" to complete the rest of the interview and ask you to do it instead.

The questionnaire is designed so that you have all the tools you need to assist even the poorest of readers to follow along and enter the answers in the computer. In fact, the computer questionnaire may be easier for nonreaders because using the headphones, they can hear all questions and answer categories read aloud. During the CAPI portion of the interview, you read the text in the CAI questionnaire and the respondent answers aloud. Then during the ACASI, the respondent listens to the questions and types the corresponding number of the answer. Code numbers are associated with each answer category, so you can direct the respondent to the specific number to press if he/she is confused. Studies show that even the poorest of readers can usually recognize and follow along with numbers.

It is critical that these administrative procedures be followed exactly. The questionnaire is designed for ease of use with poor or non-readers, so it is not appropriate for you to enter any answers in the computer unless your respondent is physically incapable of doing so. **It is never appropriate for you to answer questions for a respondent who is capable but simply does not want to take the time or trouble to do so.** The respondent-completed ACASI design is key to maintaining the confidentiality of responses. If you have a respondent who resists completing the questionnaire for himself/herself, you must make every effort to explain the purpose of the survey's design, the importance of private and confidential responses, and the fact that this is the procedure you must follow to properly conduct the interview. Here is an example:

"In order to do my job properly, it is very important that I conduct this interview according to the procedures developed by SAMHSA and by RTI. These procedures ensure that every interview across the entire country is being done the same way — that is, that every respondent is completing his or her own questions. This also ensures the privacy and confidentiality of the answers you give."

If a respondent insists that he/she is too busy at the time of your visit, offer to return at another time when he/she can complete the questionnaire unaided.

8.11 Post Interview Procedures

8.11.1 Verification

Once the questionnaire is finished, you must complete the verification process. The Verification Forms are printed on white paper with English on one side and Spanish on the other. A form must be submitted for every completed interview, even if the respondent refuses to fill out the form.

The CAI Manager asks for the Verification ID (letter and numbers under the barcode) from the Verification forms. Follow the instructions printed on the computer screen and refer to the Verification Form shown in **Exhibit 8.4**. Here are some instructions on how to fill out the Verification Form:

- Select a Verification Form and enter the VerifID in the laptop when prompted.
- Prepare the Verification Form by copying the Case ID from the Newton to the appropriate boxes at the bottom of the form. Be sure to enter either A or B.
- Print your name and FI ID # in the FI portion (the bottom half) of the Verification Form.
- If the respondent is a 12-17 year old, you also need to complete the box in the bottom right corner to indicate which adult gave permission for the interview.
- Read the instructions to the respondent. Have the respondent print his/her address, home telephone number, date, and time on the Verification Form. Hand him/her a small postage-paid envelope and ask him/her to put the Verification Form in the envelope.
- Seal and mail the envelope containing the Verification Form.

If the respondent refuses to complete the Verification Form, you must:

- Select a Verification Form and enter the VerifID in the laptop.
- Prepare the Verification Form by copying the Case ID on the form, including either A or B.
- Print your name and FI ID # at the bottom of the Verification Form.
- Write “refused” on the Verification Form.
- Mail the Verification Form to RTI in the small postage-paid envelope.

If the respondent is a 12-17-year-old, the Verification Form should be completed by a parent (or guardian). Use the steps described above, explaining the process to the parent. If the parent is unavailable (but has given consent for the youth to complete the study), it is acceptable for the 12-17-year-old to complete the form. Just remember that the preference is always for the parent or guardian to complete the Verification Form for a youth.

8.11.2 Field Interviewer Observation Questions

While the respondent is completing the Verification Form, answer the series of questions in the laptop about how you felt the interview went, providing details about the situation. The questions ask your opinion about the levels of respondent understanding, cooperation, and privacy. They also ask about the respondent's experience with the interview itself. You are also given the opportunity to make any notes or comments that may help analysts understand the situation or the respondent. Do not feel you have to enter a note; only add notes that truly clarify a given situation. The interview observation questions are listed in **Exhibit 8.5**.

8.11.3 Packing up the Equipment

Pack up the computer equipment by doing the following:

- gently close the screen display until you hear a click
- unplug the parts of the power cord (from the computer first then from the wall plug)
- unplug the headphones and dispose of the covers
- place the laptop in the open carrying case and secure it with the velcro straps
- wrap up the power cord parts, the extension cord, and the headset and place them in the compartment next to the laptop
- zip the carrying case shut and you're ready to go.

Remember to pack up the Showcard Booklet, reference date calendar, and any other papers and put them in your carrying case. And don't forget the Newton!

Exhibit 8.5 FI Observation Questions

FIDBFINTR DO NOT READ THIS TO R.

These questions are for you to answer without input from the respondent. DO NOT READ ANY OF THESE QUESTIONS OUT LOUD. Use your own impressions of the interview to answer these questions - not the respondent's.

FIDBF01 Did you conduct this interview at the respondent's home - either inside or outside?

- 1 YES
- 2 NO

FIDBF02 [If no] Where did you conduct this interview?

- 1 AT THE RESPONDENT'S WORKPLACE
- 2 AT THE HOME OF THE RESPONDENT'S RELATIVE OR FRIEND
- 3 AT A RESTAURANT
- 4 AT A LIBRARY
- 5 IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM
- 6 SOME OTHER PLACE

FIDBF03 In the **ACASI module** of this interview, was it necessary for you to read the questions aloud and enter the answers for the respondent?

NOTE: Record a "YES" for this question even if you administered only a portion of the ACASI module in this way.

- 1 YES
- 2 NO

FIDBF04 [If yes] Please explain why you read the questions aloud and entered the respondent's answers for some or all of the ACASI module. In addition, please estimate how much of the ACASI module you administered in this way.

_____ [Field Width = 255 characters]

Exhibit 8.5 FI Observation Questions (*Continued*)

FIDBF05 Estimate the respondent's understanding of the interview.

- 1 NO DIFFICULTY --- NO LANGUAGE OR READING PROBLEM
- 2 JUST A LITTLE DIFFICULTY - ALMOST NO LANGUAGE OR READING PROBLEM
- 3 A FAIR AMOUNT OF DIFFICULTY - SOME LANGUAGE OR READING PROBLEM
- 4 A LOT OF DIFFICULTY - CONSIDERABLE LANGUAGE OR READING PROBLEM

FIDBF06 How cooperative has the respondent been?

- 1 VERY COOPERATIVE
- 2 FAIRLY COOPERATIVE
- 3 NOT VERY COOPERATIVE
- 4 OPENLY HOSTILE

FIDBF07 Indicate on this scale of 1 through 9 how private the interview was

- 1 COMPLETELY PRIVATE - NO ONE WAS IN THE ROOM OR COULD OVERHEAR ANY PART OF THE INTERVIEW
- 2 ...
- 3 MINOR DISTRACTIONS
- 4 ...
- 5 PERSON(S) IN THE ROOM OR LISTENING ABOUT 1/3 OF THE TIME
- 6 ...
- 7 SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF THE TIME
- 8 ...
- 9 CONSTANT PRESENCE OF OTHER PERSON(S)

FIDBF08 [If not completely private] Other people present or listening to the interview were . . .

To select more than one category, press the space bar between each category you select.

- 1 PARENT(S)
- 2 SPOUSE
- 3 LIVE-IN PARTNER/BOYFRIEND/GIRLFRIEND
- 4 OTHER ADULT RELATIVE(S)
- 5 OTHER ADULT(S)
- 6 CHILD(REN) UNDER 15
- 7 OTHER

Exhibit 8.5 FI Observation Questions (*Continued*)

FIDBF09 [Other specify] You have indicated that there was some other person present or listening to the interview. Please use the keyboard to type a description of the other person.

FIDBF10 How much do you think that seeing or hearing about the laptop computer influenced this respondent's decision to participate in the interview?

- 1 INFLUENCED IT A LOT IN A POSITIVE WAY
- 2 INFLUENCED IT A LITTLE IN A POSITIVE WAY
- 3 DID NOT INFLUENCE HIS/HER DECISION AT ALL
- 4 INFLUENCED IT A LITTLE IN A NEGATIVE WAY

FIDBF11 How often did this respondent let you know what his or her answers were as he or she completed the ACASI portion of the interview?

- 1 NONE OF THE TIME - I DO NOT KNOW WHAT ANY OF THE ANSWERS ARE
- 2 A LITTLE OF THE TIME - I KNOW WHAT A FEW OF THE ANSWERS ARE
- 3 SOME OF THE TIME - I KNOW WHAT SOME OF THE ANSWERS ARE
- 4 A LOT OF THE TIME - I KNOW WHAT A LOT OF THE ANSWERS ARE
- 5 ALL OF THE TIME - I KNOW WHAT ALL OF THE ANSWERS ARE

FIDBF12 Please note anything else you think would be helpful for the interpretation and understanding of this interview.

If there is nothing you wish to note, simply press [ENTER] to continue.

8.11.4 Newton ROC

Remember to update the Newton ROC with the final interview code (70). Do this before or as you are leaving the DU. Do not enter the 70 in the Newton until the interview has been completed. It is always possible that you could have a breakoff unexpectedly and while you could edit the code before transmission, it is easier to record the code correctly the first time than to have to edit and then reenter the correct code.

8.12 Thank the Respondent

Be sure to sincerely thank the respondent for spending time with you and for contributing to the success of this important national study. Do your best to leave the respondent feeling very positive about the interview.

And now thank yourself for a job well done!

REVIEW OF CHAPTER 8

The NHSDA Interview

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- The CAI interview is administered using two different methods: CAPI and ACASI. During the CAPI portions, you will be reading questions from your computer screen and recording the respondent's answers. The sensitive questions will appear during the ACASI segment — the respondent will be listening to and/or reading the questions and recording the answers in private.
- To ensure high quality data, the NHSDA interviews must be standardized. In other words, every interviewer must administer every questionnaire to every respondent in the same way. Using questionnaire conventions and CAPI rules make standardization possible.
- To ensure that answers given by the respondent are as accurate and complete as possible, we use a technique called probing. Probing can help the respondent understand the questions and also help you in obtaining a clear response. Correct probing NEVER suggests answers to the respondent.
- During the interview, you will show the respondent pillcards and showcards to serve as helpful visual aids. In addition, you will be completing a reference date calendar which the respondent will use throughout the interview to better conceive dates and periods of time.
- If you encounter respondents who are physically or mentally impaired, you will be called upon to use sensitivity and good judgment to determine whether or not they are capable of participating in the study. In situations where the respondent is physically incapable of completing the interview, it is acceptable for you to help complete the ACASI portion of the interview. With the respondent listening to the audio, you will record the answers as provided by the respondent. This is the ONLY situation where you are allowed to complete the ACASI questions.
- After completing the interview, the respondent will complete a paper verification form as part of our quality control procedures.

QUESTIONS TO ASK YOURSELF

1. What does the formatting of the below text signify?

lowercase black text

(lowercase black text in parentheses)

lowercase text in blue

TEXT IN ALL CAPITAL LETTERS

2. Answer these True / False questions.

T F It is acceptable for you to switch the question order if it helps the R.

T F You are never allowed to suggest answers.

T F If the R interrupts you, you still must read the entire question.

T F If you think a R may not know a certain word, it is permissible to replace a word to help the R understand.

T F If the R asks you for your opinion, you are allowed to give it.

3. If, after reading a question to the respondent, they appear to have misunderstood or misinterpreted it, what probe would you use?
4. If you mistakenly enter the wrong answer, how can you go back to the previous question?
5. What key is pressed if a question is refused?
6. Is the set of questions about tobacco administered using CAPI or ACASI?
7. What will you record at the top of the reference date calendar?
8. What does the result code of 70 mean? When should you enter it in your Newton?

9. DOCUMENTING AND REPORTING PROCEDURES

9.1 Introduction

The documentation and reporting of field activities you provide is used to closely monitor the ongoing NHSDA data collection. There are a number of ways you document and report field activities, through:

1. Record of Calls. The actions you take to complete screenings and interviews are documented in the Record of Calls on your Newton (see **Chapter 6**).
2. CAI Manager. The CAI Manager on the Gateway displays all breakoff and completed interviews and the status of their transmission to RTI (see **Chapter 5** of the **FI Computer Manual**).
3. Newton Data Transmission. Screening data, screening and interview result codes, Record of Calls information, verification for non-interviews, refusal report data, and weekly PT&E (Production, Time & Expense Report) summary statistics are all transmitted from your Newton to RTI (see **Chapter 6** of the **FI Computer Manual**).
4. Laptop Data Transmission. CAI data are transmitted from your Gateway to RTI (see **Chapter 6** of the **FI Computer Manual**).
5. Conference Calls. You and your FS will have scheduled conference calls at least once each week (see **Section 9.4**).
6. Paper PT&E. Each week you will submit your paper Production, Time and Expense Report (PT&E) (see **Chapter 11**).
7. PT&E Summary. Enter totals each week from your paper PT&E into the PT&E Summary Data Report in the Newton. (See **Section 9.3**)

9.2 Transmissions from the Field

Each day you work, transmit screening and interviewing data from the Newton and the Gateway to RTI. Project staff closely monitor all daily transmissions and production data reports. Occasionally, your FS may request that you transmit on a certain day even if you did not work. For more details about the logistics of transmitting, see **Chapter 6** of the **FI Computer Manual**.

9.3 Entering Weekly PT&E Summary Data in Newton

We generate a variety of weekly reports that incorporate production totals, PT&E summary data, and response rates. Each workweek begins on Sunday and ends on Saturday. It is important that you tally up your paper PT&E report as explained in **Chapter 11**, and enter Hours, Miles and Expense totals into the Newton as you finish up your week on Saturday. You have until **midnight each Sunday**

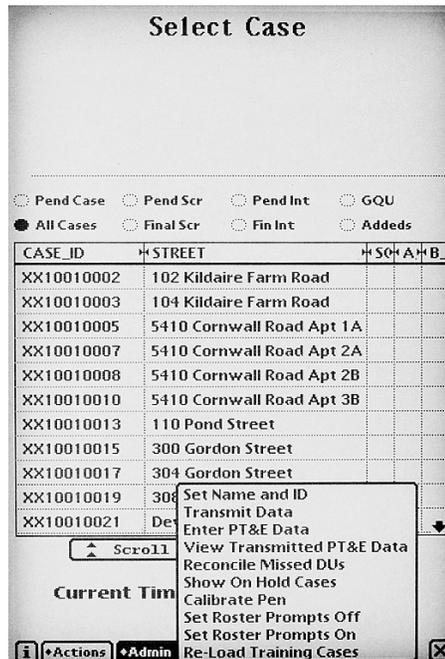
night (RTI time), to transmit this data from your Newton. Weekly reports are generated early on Monday mornings, so your weekly production and PT&E summary data is needed on time for the reports to be complete. Headway makes payment from the paper PT&Es you submit to your FS, not from the transmitted summary totals.

The transmitted PT&E data are the basis for several reports, so accuracy is important. Your FS will compare transmitted PT&E data to your submitted paper PT&E and will discuss any discrepancies with you.

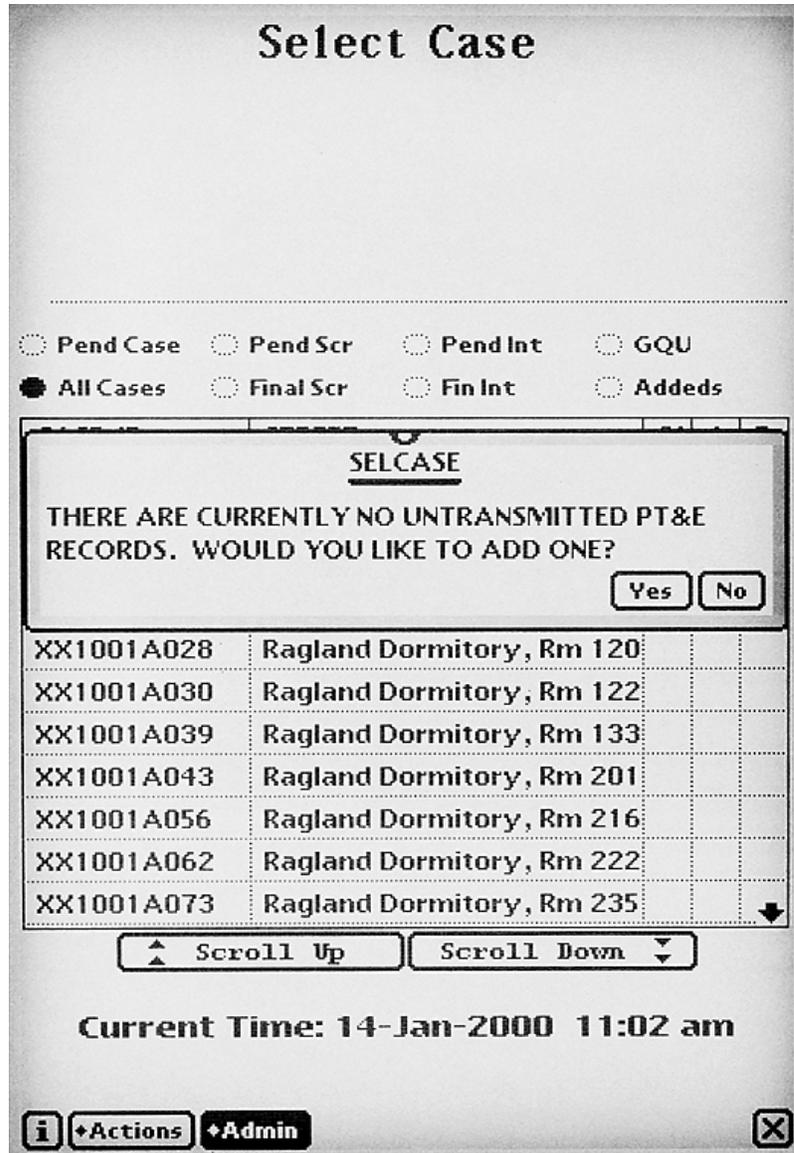
Because you are entering weekly totals from your completed PT&E and not daily totals, you must wait until you have finished your workweek before entering the data into your Newton. The Newton program reminds you to enter PT&E data if you transmit on a Saturday or Sunday since the deadline is midnight on Sunday. However, the Newton lets you enter the data on any day of the week in case you need to transmit PT&E data on a day other than Saturday or Sunday because your workweek ended before then. For example, if you finished your workweek on a Thursday (and did not plan to work Friday or Saturday), you could enter your PT&E data on Thursday. For most weeks, however, you will enter it on Saturday night or Sunday.

To enter PT&E data:

1. Total your hours, miles, and expenses for the week on your paper PT&E. On the Newton, start at the **Select Case** screen. Tap on **Admin**, then tap **Enter PT&E Data**.



2. A box appears saying, “THERE ARE CURRENTLY NO UNTRANSMITTED PT&E RECORDS. WOULD YOU LIKE TO ADD ONE?”
 If you arrive at this screen in error, tap **No**, which takes you back to **Select Case** screen. If you want to enter a PT&E record, tap **Yes**.



- The **PT&E Data** screen prefills the current “week of” information. You cannot change this. You are only allowed to enter PT&E totals for the current workweek (or if you are entering it on Sunday, the most recent workweek). If you fail to enter this data, your FS will be required to enter it the following week on the management Website. However, the weekly reports will be inaccurate due to this omission, so it’s a very important task!

The screenshot shows a form titled "PT&E Data". At the top, it says "TOTALS FOR WEEK OF:" followed by the date range "01/09/2000 to 01/15/2000". Below this, there is a "QUARTER:" section with four radio buttons labeled 1, 2, 3, and 4. Radio button 1 is selected. Underneath, there is a diamond symbol followed by "FS: Clark". Below that is another diamond symbol followed by "TASK NUMBER:". There are four input fields, each with a "#" icon and a label: "HOURS:", "MILES:", "EXPENSES:", and "NOTES:". Each field has a dotted line for input. At the bottom of the screen, there are four buttons: "i", "Done", "Cancel Entry", and "Clear Response", along with a close button "X".

- Check to see that **the correct quarter is selected**. *You will need to separate PT&E charges for any weeks that span two quarters (e.g. for the week in which quarter 1 changes to quarter 2, the hours worked in March need to be assigned to Quarter 1 and the hours worked in April assigned to Quarter 2).*
- If your **FS Name** is not displayed, tap on the diamond (◆) to the left of the FS label and a drop-down list of all FS names appears. Tap on your FS’s name.

In some situation, it is possible that you could work for two FSs in a given week. In this case, you would need to enter two PT&E summary records, one for your FS and one for the other FS. If you work for another FS, you need to enter the total hours, miles, and expenses you

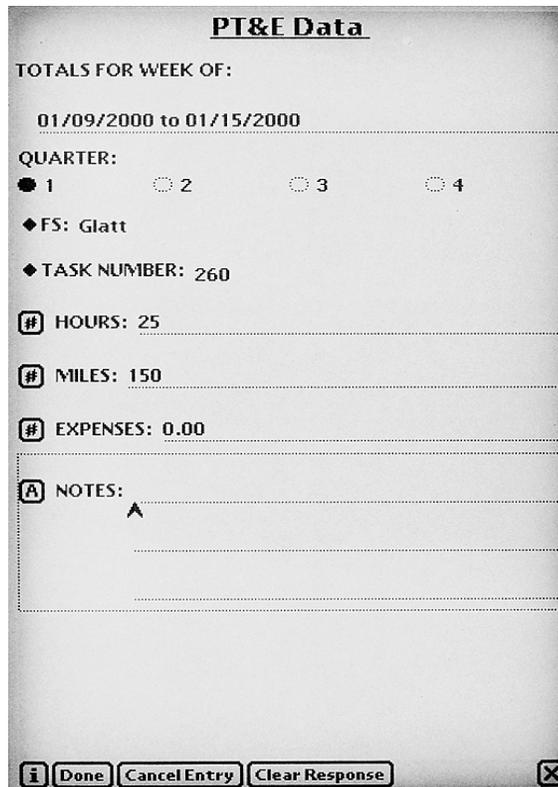
worked in the other area under that FS's name. This ensures the correct assignment of the cost of data collection.

6. Tap on the title **TASK NUMBER** and select **260** as the task number for screening and interviewing. Your FS will notify you when/if you should use a different task number.
7. To enter total hours, **tap HOURS** and a numeric keypad appears. Tap on the digits for your total hours, using the decimal point as necessary. Use the "del" key to back up and delete an incorrect entry. Keep the numeric keypad open since it will be used for the next entry: miles.
8. Continue by **tapping MILES** to enter the total number of miles driven during the week.
9. **Tap EXPENSES** to enter any miscellaneous expenses incurred during the week. Enter only the number and a decimal point. A dollar sign is not required.

If you do not have any expenses to report, tap the **X** in the bottom right corner of the keypad to close the keypad.

If you did have expenses, type a note explaining the expenditure(s). Tap on the **A** next to **NOTES**, and a keyboard appears.

10. Review your entries, correct any errors, then tap **Done**.



PT&E Data

TOTALS FOR WEEK OF:

01/09/2000 to 01/15/2000

QUARTER:
 1 2 3 4

◆ FS: Glatt

◆ TASK NUMBER: 260

HOURS: 25

MILES: 150

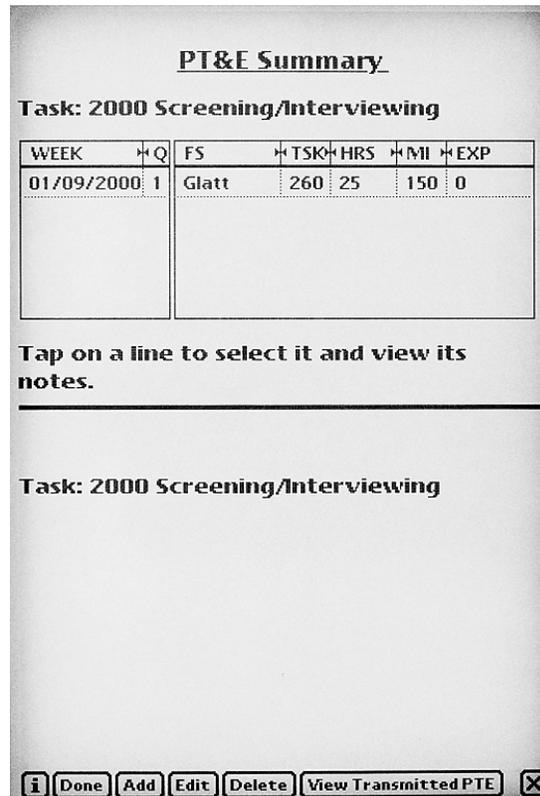
EXPENSES: 0.00

NOTES:
▲

i Done Cancel Entry Clear Response **X**

11. Two other options offered on this screen are:
 - **Cancel Entry**, which erases the data shown and exits the PT&E program. A pop-up box appears to check that you meant to cancel the entry.
 - **Clear Response**, which clears the response in the category selected. You will see a faint dotted box surrounding the selected category. Tap on the category again to select it and enter the correct data.
12. Once you tap **Done**, you will be asked if you need to enter PT&E data for another task or FS. Tap **No** (unless you have worked for two different FSs during the week.)
13. **PT&E Summary** also allows you to view the totals you have entered and update them prior to transmitting. **Once you transmit, you cannot make corrections.** Only your FS can update your transmitted PT&E data.

You can choose to view already transmitted PT&E records from this screen. This will come in handy if your FS notices a discrepancy between your paper PT&E and your transmitted totals. Refer to this table to see what you entered.



14. Tap **Done** to exit to **Select Case**.
15. If you begin the Newton transmission process (described in **Chapter 6** of the **Computer Manual**) on a Saturday or Sunday, and you have not yet entered your PT&E data, you will be asked if you want to do it at that time. These prompts are designed as helpful reminders. If you tap **Yes**, the program will take you directly to the **PT&E Data** screen. Enter your data, then begin the transmission process.

If you have any questions about entering your PT&E summary data, contact your FS.

9.4 Conference Call with Field Supervisor

Another crucial way you document your work is in your regularly scheduled telephone conference call to review the status of your assignment with your FS. Your supervisor will schedule a set time with you for this conference call. Be prepared and ready at your scheduled time. Your FS has many conferences scheduled and needs to start each call on time to keep the schedule. Be considerate of your FS and your fellow interviewers. If you cannot make a scheduled conference, contact your FS as soon as the conflict arises to see when you can reschedule the call.

During your call, you will discuss production up **through the day before your call**. Have your Newton turned on to the **Select Case** screen to view the current status of your cases. Each evening after all transmissions have occurred, the RTI computer processes all the data and Newton ROC information. This processing involves the creation of detailed reports which are available to all the supervisors around the country on the project Website. Your FS, with a few clicks of the computer mouse, can view your work history on any specific case, noting when you went to the unit and the result code you entered. This is the same information you have on your Newton. While the two of you view the same detailed information, you can discuss your experiences in the field, plans for converting refusal cases, ways to improve data quality, and production issues, etc. You also want to discuss any technical problems with your equipment or uncertainty about procedures and protocols.

The next few sections cover types of issues you need to discuss with your FS.

9.4.1 Noninterview/Refusal Cases

Discuss all potential noninterviews with your FS. Use the completed Newton Refusal Report and any notes you made as you discuss each situation with your supervisor and assess the possible circumstances that resulted in the refusal or unwillingness to cooperate (see **Section 5.4.1** for refusal reason codes). Letters can be sent for refusals with identified, non-situational reasons.

During transmission to RTI, the refusal data from your Newton is transmitted as well. The control system automatically submits a refusal conversion letter request unless you indicate the refusal

is situational (i.e., ill, house too messy) or you check “Need to discuss with FS” on the Refusal Report. By indicating you need to talk with your FS, you are effectively placing the refusal letter request “on hold.” Otherwise, the day after transmission, your FS will see the refusal report on the Website and will either release your refusal letter(s) for printing and mailing or not release the letter(s) until talking to you.

During the call, you and your FS can decide the best follow-up approaches for refusals, which may include changing the time of day you visit the household, transferring the case to another interviewer with different characteristics, etc. After you and your FS have discussed the case in detail, he/she will recommend appropriate follow-up action.

9.4.2 Problems Encountered During the Week

During your conference call, give your FS details about the problems you have encountered and any special circumstances you expect. Your FS will discuss strategies for dealing with potential problem areas or cases. These problems could include refusals, language barriers, locating problems, transferred cases, and so on.

9.4.3 Production in Relation to Project Goals

To properly plan your workload, you must have a clear picture of the scope of your assignment, project deadlines and production goals. Your FS will help you establish production goals that satisfy your needs and meet necessary project deadlines. It will be beneficial to both you as an interviewer and to RTI if you are realistic and straightforward about your goals and expectations when discussing your planned workload with your supervisor.

9.4.4 Plan for Next Week's Workload

Share with your FS your plan for the upcoming week's workload. He/she will help you refine your plan to meet specific individual and project goals. As discussed in **Chapter 4**, planning your work in advance increases efficiency and decreases costs. Therefore, when planning the next week's workload, you and your supervisor should discuss the location of your cases, any anticipated need for an escort, any anticipated travel problems, any unusual expenses you might incur, or any anticipated scheduling problems.

9.4.5 Problems with Quality of Work

You should also discuss with your FS any questions or doubts you have concerning your understanding of the project materials or any project procedures. In turn, your FS will bring to your attention any problems identified while reviewing or verifying your work.

9.5 Reporting Summary

The following summarizes the reporting requirements for the NHSDA. If any point is unclear, discuss it with your FS:

1. Daily computer transmissions (on days you worked)

- Completed Screening Data and current ROC events (Newton)
- Completed Interview Data (Gateway)

2. Daily documenting (on days you worked)

- Complete PT&E entries for the day on a scratch copy

3. Weekly computer transmissions - by midnight Sundays

- PT&E Summary Data (Newton)

4. Weekly telephone conference with supervisor discussion topics:

- Status of assigned cases
- Noninterview/Refusal cases
- Problems encountered during the week
- Production in relation to project goals
- Feedback on work completed
- Plan for next week's workload
- Equipment problems
- Request supplies if necessary
- Review Newton PT&E entries, PT&E forms submitted.

5. Mail shipments

- On a **weekly** basis, mail to your FS:
 1. your completed PT&E Report (include other reimbursement forms, such as escort forms and other receipts) and
 2. completed reference date calendars with the Case IDs recorded on them.
- To RTI: Mail completed Verification Forms from completed interviews to RTI **within 24 hours** of the completion of the interview. Use the verification envelopes provided.

Exhibit 9.1 contains a weekly calendar running Sunday through Saturday. If you wish, use it to record your weekly tasks.

Exhibit 9.1 Weekly NHSDA Tasks

Record your regular, specific weekly tasks, including the day and time of conference call(s).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Midnight- deadline for transmitting Newton PT&E Summary	Deadline for mailing completed PT&E and calendars to FS					

Each day you work: Newton transmission - then exit to FormLogic
 Gateway transmission
 Recharge batteries in both computers
 Update scratch PT&E
 Mail Verification form envelope(s)

REVIEW OF CHAPTER 9

Documenting and Reporting Procedures

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- The ongoing and accurate reporting of field activities is absolutely vital to this study. There are many ways you will be providing documentation: ROC, CAI Manager, transmissions from your Newton and Gateway, conference calls, and your Production, Time, and Expense Report (both paper and through your Newton).

- At least once each week, you will have a scheduled conference call with your FS. Many topics will be discussed, including the status of all of your assigned cases, the strategies for completing your cases successfully, the plan for the upcoming week, your PT&E, and any problems or concerns you may have.

QUESTIONS TO ASK YOURSELF

1. What information can you see displayed on the Gateway CAI Manager?
2. When must you transmit all of your PT&E information on your Newton each week?
3. What is the task number for your work on this study?
4. During conference calls with your Field Supervisor, what materials should you have?
5. What will you be mailing to your FS on a weekly basis? What will you be mailing directly to RTI?

10. QUALITY CONTROL

10.1 Introduction

Quality control is important at all stages of the data collection process, but nothing affects the quality of the data as much as you do. Your ability, preparedness, and willingness to properly perform your data collection tasks are the most important components of the overall quality control process. This chapter discusses the quality control procedures in place to help you do your best job.

10.2 Practice, Monitoring and Evaluation at Training

During the new-to-project FI training session, it is the project staff's job to present you with all of the information necessary to properly perform your job as an interviewer on this study. This includes detailed training on conducting the screening and the interviews, as well as training on all administrative procedures. An essential part of this training involves your hands-on practice—practice using the materials and equipment, completing the screening, conducting the interview, and filling out your time sheets (PT&Es). By the end of the training session, you will have had the opportunity to actively practice every step involved in being an effective interviewer for the NHSDA.

To make sure you are learning what you need during the training program, project staff and other RTI personnel will monitor your performance throughout the session. They will watch while you conduct your practice cases, observe while you fill out your time sheet, and so forth. During this time, you should take advantage of the opportunity to ask any questions you might have. Therefore, the purpose of monitoring is two-fold: 1) project staff can evaluate your preparedness, and 2) you have the chance to make sure you are doing everything properly.

Once you have the opportunity to practice and ask questions about the process, the training staff will monitor your performance during the practice exercises and give you prompt feedback. Specific items to be evaluated include:

- explaining the survey and its purpose
- familiarity with the informational materials
- completing the screening process using the Newton
- explaining and obtaining informed consent
- setting up the computer equipment
- administering the NHSDA interview using CAI

- reading the questions, maintaining eye contact, pacing the questions, probing, and other general presentation skills
- following instructions on the computer screen
- resolving inconsistent information
- using function keys (entering comments, keying “don’t know,” etc.)
- proper completion of the end of the interview tasks
- recording administrative data
- transmitting information to RTI.

This evaluation helps the staff determine how well they have done their job of training you, and to see how well you have done your job of listening and practicing. Evening study halls will be available for those who feel they need additional help during training. Trainers and supervisors may request that certain trainees attend these study halls for one-on-one work. Any interviewer who cannot demonstrate the abilities listed above will receive additional training and will be required to participate in additional practice sessions with his/her supervisor.

10.3 Evaluation of Training

At the close of the new-to-project training session, you will be asked to complete an evaluation form to assess the training program and materials, the trainers, and the training facilities. Your feedback on the effectiveness of the NHSDA interviewer training program is an important part of letting us know whether or not the training program was thorough and effective. Your evaluation also will be used to improve preparations for future NHSDA training sessions.

10.4 Screening Edits

With the implementation of computer-administered screening, paperwork edits of the actual screening are nonexistent. Since you won’t be able to carefully review the data and ‘fix’ it at home, be extra cautious as you enter the information to be sure you are entering the correct data. When you complete each roster, review the entries with the screening respondent, checking that everything is entered correctly and completely. If there are any omissions or incomplete items, ask the respondent for the missing information.

Once received at RTI, all screening data are edited by machine (computer). Complex programs evaluate the data and check to be sure you are conducting the screening correctly. Feedback on any problems noted during the process will be given to your FS to share with you.

10.5 Interviewing Edits

Since the majority of the information you collect for NHSDA is entered directly into your laptop computer, the traditional editing of completed hardcopy materials is eliminated. Edits such as checking skip patterns for missing data are performed by the computer software during the interview.

All CAI interview files transmitted to RTI are reviewed by computer. This computer edit of completed interviews is more complex than the edits performed on your laptop in the field. As with screening edits, complex programs evaluate the interview data to ensure you are administering the interview correctly. Again, FSs will share the feedback they receive with you.

10.6 Screening/Interview Observations

Your FS and/or your RS may want to observe your work, so you may be accompanied by an observer as you conduct screenings and/or interviews at some time. If so, your supervisor will notify you. When you arrive at an SDU, introduce the observer and explain that he/she wants to determine how well the data collection process works. If the respondent refuses to allow the observation, you should proceed with the screening and/or interviewing process without the observer.

10.7 Verification

In order to provide continuing feedback to you and to our client, SAMHSA, on the quality and accuracy of cases, your work will be subject to an intense verification process. RTI is contractually bound to verify the quality and accuracy of all field work conducted on the NHSDA. We must be certain that all procedures are being implemented properly. Inaccurate or substandard work is very costly to the project, so we must determine if and why it is occurring and take corrective actions.

Falsified work is unacceptable under any circumstances, and the discovery of any falsified work will result in immediate termination from the project and from any future work with RTI.

All finalized cases are subject to verification.

10.7.1 Screening Verifications

Verification contacts are made with a random sample of all completed screenings reported as:

- vacant
- not a primary residence
- not a dwelling unit
- residents there less than ½ of the quarter

- no eligible SDU members
- HU/GQU contains ONLY military personnel
- no one selected for interview.

As discussed previously, enter the contact person's first name and telephone number at the conclusion of these types of screenings. For the first three types listed, the contact person is typically a neighbor; for the others, it is usually the screening respondent. When asking for this information, emphasize it is for verification purposes only; we want to verify the quality of our work, not their information.

10.7.2 Interview Verifications

As discussed earlier, the respondent completes a Verification Form at the close of each interview. For interviews with a youth respondent, the parent or guardian should complete the form, unless he/she is not available to do so. The completed forms are mailed to RTI.

A random sample of each interviewer's finalized cases are verified with the respondent or, for youth respondents aged 12-17, permission is first obtained from a parent prior to contacting the youth for the actual verification information.

10.7.3 The Verification Process

Screening and interview verifications are conducted by RTI's Telephone Survey Unit (TSU). Respondents without telephones are contacted by mail. As needed, supervisors may also conduct in-person field verifications. During the verification contacts it is inevitable that some discrepancies will arise between a respondent's and the interviewer's account of the same situation. Resolution procedures are then implemented to attempt to settle the issue. Information on any unresolved discrepancies will be given to your FS and your RS to determine the next steps to take.

The verification process is a tool for the NHSDA project staff to monitor not only your performance as an interviewer but also their performance as project trainers and managers. The information gathered helps the NHSDA staff ensure that the data being collected are of the highest possible quality. You will receive prompt feedback on your performance and will be notified immediately should any problems arise.

REVIEW OF CHAPTER 10

Quality Control

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- Quality is the backbone of this study and we have strict quality control measures in place at every stage of the data collection process.
- Screenings need to be edited as you are completing them - every piece of information which you collect will be used in our analyses. Therefore, every roster should be complete and accurate.
- While administering interviews, the CAI program is continually editing your work for missing data and proper skip patterns and will provide immediate feedback if mistakes are found.
- RTI is contractually bound to verify the quality of our field work. All finalized cases, be they screenings or interviews, are subject to verification.

QUESTIONS TO ASK YOURSELF

1. If falsified work is discovered, what happens to the FI?
2. What verification information from the respondent is entered into the Newton for screenings where no one is selected for an interview?
3. When interviewing a youth respondent, who should complete the verification form?

11. ADMINISTRATIVE PROCEDURES

11.1 Introduction

At first, administrative procedures may seem of secondary importance to you as an interviewer on this large and exciting survey. Perhaps you feel that your brain is already full of the crucial information you need to absorb from this manual. However, knowing and following these administrative procedures carefully is of equal importance to the success of this survey. Sticking to the project's administrative requirements is *critical*. Not doing so is costly and time consuming and often results in having to repeat tasks already completed. Given a project of this scope and magnitude, these extra costs can add up very quickly. Additionally, administrative forms that are not correct also affect the accuracy of reports.

So whether you are a veteran interviewer on the NHSDA or brand-new to this study, it is necessary to understand and follow all RTI administrative procedures. To that end, read this chapter carefully and do not hesitate to contact your FS whenever you have questions.

11.2 Authorization for Expenditures

Before spending more than \$3.00 on project-related business, consult with your FS to obtain authorization. This is to control budget expenditures and make sure your FS has input into all decisions affecting field work. Expenses made without prior authorization may be denied reimbursement. So **you must obtain FS approval prior to making any such expenditures.**

11.3 Terms of Employment

All interviewers working on the NHSDA are employees of Headway Corporate Staffing Services. The terms of employment are spelled out in the Contract of Employment that you will sign along with other employment forms. Headway Corporate Staffing Services handles the payment for hours worked and expenses, including deductions for Federal, State, and Social Security taxes. You will be asked to complete a W-4 form so that appropriate deductions are withheld.

In addition to all payroll functions, Headway Corporate Staffing Services is responsible for all necessary personnel documentation and the actual hiring and terminating of all employees. Your FS is also a Headway employee and acts as your direct supervisor with full authority to manage staff. If action against an interviewer is necessary, his/her FS will follow established written guidelines that are fair and satisfy all legal requirements.

11.4 Filling Out the PT&E

All Headway Corporate Staffing Services field staff must complete a Production, Time, and Expense Report (PT&E) weekly and submit it in order to be paid. In addition to serving as your timesheet, the PT&E gives RTI's central office a detailed summary of the tasks completed during a one-week period covered by the report and any time and expenses required in completing these tasks.

You **must** submit a complete and accurate PT&E each week for all work done in order to be paid. If you do not work in a given week, you should still send a PT&E and check the "Did not work" box for that week. Remember to include any completed reference date calendars with your PT&E each week.

After you've completed your paper PT&E you should use this information to enter your weekly summary of hours, miles, and expenses into the Newton (see **Section 9.3**). But remember the Newton PT&E data are used only by project management staff, not for Headway payroll. The paper PT&E provides the information used for processing the payroll.

Step-by-step instructions for completing the PT&E are provided in the following section. An example of a properly completed PT&E Report is provided in **Exhibit 11.1**. Please refer to these instructions and the example as you are completing your reports to be sure you are making all required entries correctly.

Instructions for Filling Out the NHSDA PT&E

1. **Reporting Date** -- At the top of the form, enter the date (month, day, and year) of the Sunday on which the reporting period begins. Each reporting period runs for seven days—Sunday through Saturday.
2. **RTI Project/Task No.** -- Enter the project number—**7190-260**.
3. **FS Information** -- Enter your FS's Area Number and your FS's name. DO NOT check the travel status box unless instructed to do so by your FS.
4. **Section A (Date)** -- This section identifies the days by date over a one-week reporting period. Enter the corresponding date for each day shown.
5. **Section B (Production)** -- Enter the total number of completed **interviews** (code 70s). Do NOT include completed screening cases in your entries. Add the entries in the column at the end of the week and record the total. Also note that you are required to record the case ID of each interview reported in Column B-1 in the "Notes" section, bottom-right. Check in the Newton for all your final interview cases (although these are not listed with a date). Make sure to keep up with your PT&E entries daily so you will know what you completed that day.

Exhibit 11.1 Properly Completed PT&E

HEADWAY CORPORATION STAFFING SERVICES
 under subcontract with:
 Research Triangle Institute
 Survey Research Division
 PO Box 12194, Research Triangle Park, NC 27709

Production, Time, and Expense Report (PT&E)

Week beginning Sunday 2 / 20 / 2000
 Month Day Year
 DID NOT WORK

RTI Project Number:
1190-260

Field Supervisor Area # 2344
 FS Name: Kristen Eftess Travel Status:

A		B		C								D								
				Time								Expenses								
Day of Week	Date	Production Number of Completed Interviews*	Total Hours Each Day**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
				Study/ Training	Travel	Contacting/ Locating	Interviewing	Editing	Conference	Other†	Miles Driven	Total Expenses	Lodging‡	Meals Actual Expense‡	Telephone‡	Auto-rental‡	Miscellaneous‡	Incentives‡§		
Sun	2/20	2	6.50		1.00	3.00	2.25			0.25	46									
Mon	2/21	2	5.50		0.75	2.00	2.00		0.50	0.25	50									
Tues	2/22	2	7.00		1.00	3.75	2.00			0.25	47									
Wed	2/23	-																		
Thurs	2/24	-																		
Fri	2/25	-																		
Sat	2/26	3	7.75		1.25	2.75	3.50		0.25	0.25	61	0.33						0.33		
Totals		9	26.75		4.00	11.50	9.75		0.50	1.00	204	0.33						0.33		

FOOTNOTE: * Record ID numbers in column B-1
EXPLANATIONS: ** Special hours worked each day to the nearest .25 hour; then allocate time as appropriate in columns C-2 through C-8.
 † Report actual meal expenses within established daily limits (see project or general manual).
 ‡ Explain all items in the Notes section below. Receipts must be attached for items exceeding \$3.00.
 § Incentive receipts must be attached.

ADVANCE REPAYMENT: If you have an outstanding travel or incentive advance, indicate the amount you would like deducted from this PTE: \$ _____
 Client (RTI) reserves the right to deduct any amount deemed appropriate.

FOR OFFICE USE ONLY

SUMMARY:
 Total Hours (Col. C-1) _____ x \$ _____ = \$ _____
 Overtime _____ x \$ _____ = \$ _____
 Total Miles (Col. D-9) _____ x \$ _____ = \$ _____
 Total Expenses (Col. E-10) _____ = \$ _____
 Advance Repayment _____ = (\$ _____)
 ARO # _____

TOTAL AMOUNT DUE = \$ _____

Approved by: _____ Supervisor _____ Date _____

Disposition: Send original, yellow, and pink copy to supervisor; retain gold copy for records.

Name: _____ Social Security Number: 01543211 ID Number: _____
 Address: Rachel Interviewer
519 Valley Drive (Street) State: OH ZIP: 45409
 City: Oakwood Telephone: 937 678-5050 Please check if name or address change
 I certify that this statement is true, correct, and complete and that the data collected and submitted are truthful.
 Signature: Rachel Interviewer Date: 2/21/00

B-1	Notes:
Record ID #s of Incentives Completed During the Week	
<u>0104100182A</u>	<u>2/26 - 33 cent stamp to mail PTE</u>
<u>0104100182B</u>	<u>2/20, 2/21, 2/22, 2/26 OTHER - Transcribing</u>
<u>0104100044B</u>	
<u>0104100210A</u>	
<u>0104100006A</u>	
<u>0104100006B</u>	
<u>0104100119B</u>	

6. Section C (Time) -- Entries should be made for each day you worked. In Column C-1, enter the total number of hours worked during the day, expressed in hours and portions of an hour to the nearest quarter hour. Then show how these hours were spent on project work by distributing the time worked across Columns C-2 through C-8 as appropriate. The “time” categories are defined as follows:

- Study/Training -- Except for training periods, this column probably will not be used. However, if you are authorized to spend time doing remedial study, record the time in this column.
- Travel -- Record time spent traveling to, from, and between your assigned segments. (Do not include time spent for meals or errands.)
- Contacting/Locating -- Record the time spent locating, contacting, and screening respondents. Include time spent making appointments, explaining the study to potential respondents, completing the screening process, and callbacks to respondents selected for interviewing.
- Interviewing -- Record time spent administering the questionnaire from start to finish including computer set up; do NOT include time spent completing screening in this column.
- Editing -- Due to the computerized nature of the survey, you should not have editing time on your PT&E.
- Conference -- Record time spent preparing for and in conference with your FS, compiling weekly field reports, and any calls with RTI central office staff, including Technical Support.
- Other -- You should use the “Other” column to include **your time for transmitting to RTI**. Record time spent performing other allowable project activities, such as time spent FedExing faulty equipment. Note that you must describe any “Other” activity in the “Notes” section in the lower right corner of the report.

TOTAL THE ENTRIES IN ALL THESE COLUMNS AT THE END OF THE WEEK.

7. Section D (Expenses) -- Enter the following for each day you work:

- Miles Driven -- Record total **miles** driven each day on project business (rounded to the *nearest mile*). Check to make sure that the corresponding travel time is shown in Column C-3. Headway will figure how much you will receive, based on the number of miles at the mileage reimbursement rate of \$0.31 per mile. Total the column at week's end.

- Total Expenses -- On any day you make an expenditure, record the total amount of all expenses for that day in Column D-10. Then indicate the expenses in Columns D-11—15 as appropriate. Column D-16 will not be used on the main study. Please note the following:
 - Lodging - **Receipts must be attached.** Before you travel, check with your FS about government reimbursement rates for rooms in the location in which you are traveling. Any overnight travel must be approved in advance.
 - Meals - When on travel status, report *actual cost for meals* not a daily *per diem*. Check with your FS for established daily limits in the location where you are traveling.
 - Telephone - **Receipts must be attached.** Submit a copy of your monthly telephone bill with the project calls highlighted. Most project staff have toll free numbers.
 - Auto Rental - **Receipts must be attached.** Rental must be pre-approved by FS.
 - Miscellaneous - **Receipts must be attached.** Include any Receipts for Escort Services (see **Section 11.6**). Explain items in excess of \$3.00 in the NOTES section below.
8. TOTALS -- As indicated, all columns must be totaled at the end of the week.
 9. For Office Use Only -- Do not make any entries in this section. Headway will complete this section once they determine the total amount due as payment for your work and reimbursement for your mileage and expenses.
 10. Certification Section -- Complete this section by printing your name, FI ID number, date, Social Security Number, complete mailing address, and telephone number. Then sign the form. **Unsigned forms cannot be processed** and will be returned, delaying payment to you.
 11. Notes -- The “Notes” section is for explaining time and expenses listed under “Other” or “Miscellaneous.” Again, to avoid delays in getting approval for your PT&E Report, be sure to explain in this section *any* expenses and unusually high time charges. You must attach a receipt for any expenses above \$3.00. *You should also list all case IDs for interview cases completed that week.*
 12. “Advance Repayment” Box -- This box is to be used only if you have an outstanding travel advance. Rather than returning/repaying the outstanding advance to Headway by submitting a personal check, you can specify an amount to be deducted from your pay. Also note that RTI and Headway reserve the right to deduct any amount deemed appropriate, when necessary.

Maintain the PT&E Reports daily. Do not rely on your memory to complete these PT&Es later, especially since you must keep track of both time and expenses. We will provide you photocopies of the PT&E that you can use as “scratch” copies to keep track of your daily time and

expenses, *including the ID numbers of completed interviews*. Then, at the end of your work week, you can put your hours and expenses on a “real” copy for submission to your FS. **DO NOT SUBMIT THE SCRATCH COPY; IT CANNOT BE PROCESSED AND WILL DELAY YOUR PAYMENT.**

It is essential to project management that PT&E Reports are completed accurately and submitted on time. Field efficiency and cost reports are prepared regularly by project staff. If your report is completed incorrectly or submitted late, it disrupts the project reporting schedule and may delay payment.

Send your PT&E Report weekly by first-class mail to your FS for review and signature. Keep the gold copy for your records and mail the original, yellow, and pink copies of your PT&E to your FS no later than *Monday* of each week. **DO NOT** use pre-addressed RTI envelopes; PT&Es received at RTI directly from an FI are returned to the appropriate FS for signature. Once your FS receives your PT&E in the mail, he/she must review, approve, and sign it, and then send the forms to Headway/RTI for processing. All PT&Es received from your FS at Headway/RTI by **3 p.m. on Tuesday** are processed, and checks or direct deposit vouchers are mailed by first-class mail to your home on Friday.

Please be aware that processing PT&Es takes time—sometimes as long as two or three weeks, depending on holidays. Note that direct deposit is available to you, with funds available the Monday following Headway processing.

11.5 Common Errors

The following examples are some of the most common errors made by field interviewers when completing PT&Es. Most are simply the result of carelessness not a lack of understanding.

1. Failure to sign the PT&E
2. Failure to enter the task number (or, failure to enter the correct task number)
3. Failure to enter a complete/correct Social Security Number
4. Incorrect totals or no totals in columns and rows
5. Minutes not rounded to quarter hours and not recorded in decimal form (two decimal points). Please do not record minutes. Round to the nearest quarter hour:

Time Worked	Incorrect Entry	Correct Entry
1 hour and 15 minutes	1:15	1.25 hrs.
1 hour and 20 minutes	1:20	1.25 hrs.
1 hour and 30 minutes	1:30	1.50 hrs.
1 hour and 40 minutes	1:40	1.75 hrs.
1 and 3/4 hours	1:45	1.75 hrs.

6. Breakdown of time not recorded in the proper column or totaled in a column other than the one in which daily entries are recorded.

11.6 Escorts

As discussed in earlier chapters, there may be times when you are working in a neighborhood where an escort is necessary either because of safety or neighborhood suspicion. The use of an escort must be pre-authorized by your FS. When an escort is needed, call your FS to receive verbal approval before arranging for an escort. You are responsible for paying for escort services based on an hourly rate negotiated with the escort and approved by your FS. After approving your use of an escort, your FS will complete Part A of the Receipt for Escort Services form, indicating the approved rate and the projected number of hours. The FS will then mail the receipt form to you.

For you to be reimbursed, you must complete the remaining sections of the Receipt for Escort Services form, have the escort sign it, and attach the original and pink copies to your PT&E. This payment must be entered on your PT&E under the column headed "Miscellaneous Expenses" and then explained in the "Notes" section. The yellow copy should be given to the escort. Your FS will keep the pink copy. An example of a completed receipt is shown in **Exhibit 11.2**.

11.7 Federal Express Mailing Procedures

While we do not expect this to occur often, your FS may request that you send materials FedEx. For example, you would use FedEx to return faulty computer or Newton equipment to RTI if the Technical Support staff directs you to do so. The procedures, while simple, are *essential* to ensure that your shipment is not lost, arrives promptly, and that the charge is billed properly.

When sending materials via FedEx, please follow the procedures outlined below:

- Place materials in a package suitable for shipping via FedEx. Your local FedEx office can provide you with boxes and envelopes free of charge if you need them.

- Complete Section 1 of the **pre-printed** FedEx labels that will be provided to you at training or by your FS (see **Exhibit 11.3**). **It is especially important that you use one of the pre-printed FedEx labels provided.** That way you only need to add your name and address and the rest is ready. If you need additional labels, contact your FS to arrange for an additional supply to be sent to you.
- If sending equipment, insure it as per **Chapter 8** of the **Computer Manual**. It is essential that you insure the Gateway for \$2,700 and the Newton for \$1,200. Indicate this in Section 7 on the FedEx label where it asks for the total declared value.
- Keep the top copy of the label which says “Sender’s Copy” so you have a record of the **Tracking Number** at the top of the label. RTI staff will need this number to track the package in case it is not delivered on time.
- Place the completed FedEx label in one of the plastic pouches that have been provided.
- Peel off the adhesive backing and affix the pouch to the package.
- Take the completed package to your local Federal Express office, a FedEx drop-off location, or call FedEx to arrange for it to be picked up (1-800-GOFEDEX).

11.8 Work Absences Caused by Sickness and Vacation

If you must be absent from work for any reason, you should notify your supervisor as soon as possible. If the absence is due to a planned vacation, please discuss this with your supervisor as soon as your plans are nearly final and at least two weeks prior to your departure date.

11.9 Field Accidents and Injuries

If you are involved in an auto accident (whether injured or not) or have any type of fall or accident while on the job (whether injured or not), you must contact your supervisor as soon as is practically possible. He/she will work with you to ensure the accident is promptly and properly reported to Headway Corporate Staffing Services, Inc. It is important that the nature of the accident is reported to Headway Corporate Staffing Services, Inc. within one business day if at all possible (call 800-208-7043).

11.10 Traveling FIs

If your FS identifies you as a select interviewer who may serve as a traveling FI (TFI), you should carefully read the Traveling Information Sheet shown in **Exhibit 11.4**. This document explains the current procedures for traveling FI assignments for the NHSDA.

Exhibit 11.2 Completed Receipt for Escort Services

RESEARCH TRIANGLE INSTITUTE

/RTI

Post Office Box 12194

Research Triangle Park, NC 27709

RECEIPT FOR ESCORT SERVICES

Instructions: Field Supervisor: Complete Section A prior to mailing form to the field interviewer and enter data on Escort Authorization Log.

Field Interviewer: Complete Section B upon termination of the escort's services.

A
Project No. <u>1190-260</u> FI Name <u>Rachel Interviewer</u>
Approved Rate: \$ <u>1.00</u> /hr. Estimated Total Hours <u>5.00</u>
Pre-approved on <u>2/18/00</u> by <u>Knisten Effers</u> Date FS Signature

B
Escort Name: <u>James Pike</u>
Address: <u>1128 Tenth St</u> <u>Cleveland OH</u>
Telephone No.: (<u>216</u>) <u>382</u> - <u>5151</u>
Social Security Number: <u>012-34-5678</u>
Received \$ <u>35.00</u> from <u>Rachel Interviewer</u> FI Name
for escort services rendered on <u>2/26/00</u> Date(s)
while working in <u>Cleveland</u> <u>OH</u> City/Town State
Amount based on a total of <u>5</u> hours worked at a rate of \$ <u>1.00</u> /hour.
Signatures: <u>James Pike</u> <u>2/26/00</u> Escort Date
<u>Rachel Interviewer</u> Field Interviewer

Disposition: Send original, yellow, and pink copy to supervisor; gold copy to escort.

6/97

Exhibit 11.3 Completed FedEx Airbill

FedEx USA Airbill FedEx Tracking Number **8156 6952 4564**

Sender's Account Number **2-28-99**

Sender's Name **RACHEL INTERVIEWER** Phone **(937) 678-5050**

Company _____

Address **519 VALLEY DRIVE**

City **OAKWOOD** State **OH** ZIP **45409**

Your Internal Billing Reference **52U-7190-260 / NHSDA**

Recipient's Name **FIELD DISTRIBUTION** Phone **(719) 541-8982**

Company **RESEARCH TRIANGLE INSTITUTE**

Address **1000 PARLIMENT CT STE 100**

We cannot deliver to PO boxes or P.O. ZIP codes.

City **DURHAM** State **NC** ZIP **27703-8464**

SPH42

Senders Copy

0215

4a Express Package Service

FedEx Priority Overnight Next business morning

FedEx 2Day* Second business day

FedEx Standard Overnight Next business afternoon

FedEx Express Saver* Third business day

4b Express Freight Service

FedEx 1Day Freight* Next business day

FedEx 2Day Freight Second business day

FedEx 3Day Freight Third business day

5 Packaging

FedEx Letter*

FedEx Pak*

Other Pkg. Include: FedEx Box, FedEx Tube, and customer Pkg.

6 Special Handling

Saturday Delivery Available for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

Sunday Delivery Available for FedEx Priority Overnight to select ZIP codes

HOLD Weekend at FedEx Location Available for FedEx Priority Overnight to select locations

HOLD Saturday at FedEx Location Available for FedEx Priority Overnight to select locations

No **Yes** **As per attached Shipper's Declaration not required**

Dry Ice Dry Ice, UN 1845

Cargo Aircraft Only

7 Payment Bill to: **Sender** **Recipient** **Third Party** **Credit Card** **Cash/Check**

Enter FedEx Acct. No. or Credit Card No. below.

Total Packages **1596-2128-6** **Total Declared Value*** **\$.00**

8 Release Signature Sign to authorize delivery without obtaining signature.

359

0109624251

Exhibit 11.4 Travel Assignment Information Sheet

You are being considered for potential Travel Assignment(s). Soon you may be contacted about specific travel needs. Before you are contacted, and before you agree to a travel assignment, please read the information provided on this form. It will familiarize you with NHSDA Travel Procedures and what our expectations are for FIs who agree to accept Travel Assignments.

I. Selection

Once Regional Supervisors and Field Supervisors have agreed that a Traveling Field Interviewer (TFI) is needed, a decision will be made on who is best suited for the assignment. Suitability will be determined based on:

- characteristics of the FI Region and segments where help is needed
- productivity of available TFIs
- response rates normally achieved by available TFIs
- cost consciousness of available TFIs
- versatility of available TFIs
- racial/Ethnic/Language needs
- geographic proximity
- length of stay necessary (many travel assignments require a minimum of 10 to 14 days).

II. Contact

Initial contact with available TFIs will be made by your FS. The destination and type of assignment will be discussed in general. If you are offered a potential assignment and you are interested, you will then be contacted by either your FS, another FS (if you would be working in a different FS territory) or by the Regional Supervisor.

During this contact you will be provided with specific information about the size and makeup of the assignment, the length of stay necessary, and travel and lodging arrangements. Based on this conversation, you and the Supervisor can make a decision on whether you should accept the assignment. Your own Supervisor will be notified of the decision, and informed of any plans made.

If you are offered and accept a Travel Assignment, you will be provided with any needed cash advance, air tickets, and Car Rental Vouchers (called OTTOs) by Headway Corporate Staffing Services. In almost all cases, arrangements for these will be made by the RTI Supervisor. You also will be advised at this time on how to return any cash remaining from your advance at the end of your assignment.

Exhibit 11.4 Travel Assignment Information Sheet (*Continued*)

III. Expectations

The use of TFIs is expensive. In order to obtain maximum results in return for the costs incurred, it is critical that trips are productive. If you agree to a travel assignment, you must do your best to meet the following expectations:

- ***Employ the most economical means of travel to arrive at your destination.***

The RTI Supervisor will arrange for the most economical method of travel. If you live close enough to the assignment, you will be asked (in most cases) to drive to the location. If a flight is necessary, the Supervisor will arrange for the purchase of the least costly, available fare. An OTTO for rental cars and your airline ticket will be billed directly to the project. These items will be sent to you by Headway. If for some reason you would prefer to drive instead of fly (and if this is practical), your allowable mileage and hourly charges may not exceed the cost of the flight, your mileage to and from the airport, and the hours it would take to depart from your residence and fly to the assigned location.

- ***Work to find adequate, comfortable, and reasonable lodging.***

In many FI Regions, comfortable and adequate lodging can be found at prices far below the maximum allowable Government Rate. The RTI Supervisor will provide you with more than one reasonable option from which to choose. It is important that you choose from among the options offered, and that you not change locations without the express consent of the Supervisor. If you know of alternative lodging that is close in proximity to your assignment and does not exceed the cost of the options offered you, you and the Supervisor may agree on this alternate lodging. However, the final decision rests with the Supervisor.

- ***Follow regulations regarding allowable meals and incidental expenses.***

It is important to understand that the daily government Meals & Incidental Expense allowance is not a daily, designated *per diem*. You should charge no more for meals than the actual cost of your meals (including tips) each day, and any miscellaneous expense reported must be accompanied by a receipt. You are not expected to charge the maximum allowable expense each day, and you must not exceed the daily allowance. While you do not have to deny yourself reasonable comfort in your choice of dining, and so on, you are expected to be cost conscious. **Please note that parking, traffic, and other fines are not reimbursable expenses.**

Exhibit 11.4 Travel Assignment Information Sheet (*Continued*)

- ***Work at the height of your ability.***

TFIs are nominated and selected based on their productivity in their local assignments. While on travel status, it is especially important that you give your best effort and complete your assignment in the least possible time with the best possible results. While you are not expected to exceed your abilities, you are expected to work up to them. You are expected to make maximum use of your time, and you should not take days “off” during the term of your assignment. If you happen to take an assignment in an area where you would like to sight-see or visit friends, arrange to do this *after* your assignment is completed. If there is no additional cost to the Project, the Supervisor will arrange your return flight to accommodate additional days after completion of your assignment.

- ***Be prepared to report frequently on your progress.***

Depending on the situation in your assignment location, the local FS may need frequent, even daily, reports on your progress. You must be prepared to meet the requirements of the situation and respond to the local FS’s requests for information. Needs vary from situation to situation. You are expected to be flexible and cooperative in this matter.

- ***Be prepared to trade off segments, cases, etc., as needed.***

You may be working in a location with other TFIs or local FIs. Situations may require trading off cases, teaming with another FI in the same segments, or switching cases with another FI for refusal conversion. Your initial briefing with the Supervisor(s) before you accept an assignment should prepare you for such eventualities, but you are expected to cooperate with the local FS and, if directed, with other FIs in the area in order to achieve the best results in the least amount of time.

- ***Obtain supervisor approval prior to charging overtime.***

If enough work exists that you can be productive and work more than 40 hours, the supervisor may authorize some overtime hours. The Supervisor will determine (with your help) potential overtime hours that would lead to early completion and less time in the location. Prior approval is necessary, however, for any overtime charged. You will be expected to alert the Supervisor far enough in advance so that sound decisions can be made regarding allowable hours over 40 per week. Furthermore, it is important to understand that a travel assignment does not guarantee a schedule of 8 hours a day or 40 hours a week; your time charged may be more or less depending on the circumstances of the particular travel assignment.

Exhibit 11.4 Travel Assignment Information Sheet (Continued)

Thank you for your interest in working as a TFI. If you are selected for any travel assignments, please be assured we will do all we can to contribute to your success!



Useful Telephone Numbers:

To reach Headway Corporate Staffing Services:

To reach other RTI staff:

Call toll-free _____, then ask the operator for the employee with whom you wish to speak.

FS _____ 1-800-_____-_____

FS _____ 1-800-_____-_____

FI _____ 1-(____)-____-_____

Hotel _____ 1-(____)-____-_____

REVIEW OF CHAPTER 11

Administrative Procedures

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- Learning and correctly following administrative procedures is crucial to save you and the project time and money.
- In order to be paid, you must prepare an accurate and complete PT&E each week.
- The weekly time on your PT&E is divided into several categories, including travel, contacting/locating, interviewing, and conference time. It is imperative that you maintain your personal records daily, keeping track of hours, miles, and expenses.
- Make sure to check and edit your PT&E for common errors, such as not signing the PT&E, not entering the project number, and not totaling the columns or rows correctly.

QUESTIONS TO ASK YOURSELF

1. It is necessary to obtain FS approval for any project-related purchases above what amount?
2. On what day does each weekly reporting period begin?
3. If you have 8 total interviews for the week, what information must be recorded in the Notes section of your PT&E?
4. Under what column would your transmission time belong? Under what column would you include all time spent screening?
5. Which colored copy of the PT&E should you keep?
6. What is the proper way to record the following times on your PT&E?

one and a half hours

ten minutes

five hours and 45 minutes

3 hours and five minutes

one hour and fifteen minutes

six hours

12. SUMMARY

12.1 Introduction

To aid in the learning process, this manual is designed to break down the specific tasks of NHSDA interviewers and explain the parts individually. While that thorough approach helps cover all the procedural details, a reader can sometimes lose sight of the 'big picture' and how these procedures relate to each other. This chapter ties together all the pieces to give you a more realistic idea of the tasks in your workday and workweek.

12.2 Materials and Equipment

Many different materials and supplies have been mentioned throughout the manual. Here is a list specifying when each will be used, so you will know whether or not you will need a particular item at home or in the field.

NHSDA SUPPLIES NEEDED FOR FIELD WORK

- one of your 2 RTI photo ID badges
- Newton handheld computer and case
- extra copies of the lead letter (English and English/Spanish)
- Statement of Confidentiality (English and English/Spanish)
- Personal Identification Letter on SAMHSA Letterhead
- Q&A Brochures (English and English/Spanish)
- NHSDA informational materials, including:
 - NHSDA Highlights
 - NHSDA Newspaper Articles
 - NHSDA Population Estimates
 - SAMHSA News Articles
 - List of Agencies who use NHSDA data
- Showcard Booklet
- Gateway computer equipment including power cord, headphones, disposable headset covers, and 20 foot extension cord
- Gateway carrying case
- Reference Date Calendars
- Verification Forms (English/Spanish)
- Small Verification Form envelopes
- Pens, pencils.

ADDITIONAL MATERIALS FOR FIELD REFERENCE/USE

- Your NHSDA Field Interviewer Manual
- Your NHSDA FI Computer Manual
- Segment Kits including all original listing materials and Selected DU List
- “Sorry I Missed You” Cards
- Appointment Cards
- Personal Appointment Calendar
- Extra set of alkaline batteries and the alkaline battery case for the Newton (for backup use)
- Extra special Newton pen
- Added Group Quarters Listing Forms
- Added Group Quarters Within-Structure Sketch Sheet.

AT HOME MATERIALS

- Addressed lead letters
- Pre-stamped window envelopes
- Newton power adapter
- Black modem connector cord for Gateway and Newton, with a beige phone extension unit and a gray telephone extension cord
- Two Gateway modular components to be used only as instructed by RTI Tech Support Staff
- Extra specially designed “pens” for use with the Newton
- Extra Newton screen protector
- Pens, pencils, paper
- Administrative Forms, including:
 - PT&Es
 - Scratch copies of PT&Es
 - Receipts for Escort Services
 - Envelopes for mailing PT&Es and calendars to your FS

12.3 Organizing Your Materials

Even though NHSDA utilizes a computerized data collection system, there are still a few paper forms for you to use. Keeping all of these organized and accessible can be a challenge. Each of you will develop an individual system for the various forms and pieces of equipment. Suggestions for you to consider for organizing your materials are:

- An expandable wallet with divided sections. Each section holds an item, so you can find the appropriate one quickly.
- A crate with hanging folders in the trunk of your car. FIs in very rural areas sometimes use this approach, and pull one of each of the needed items before approaching the door.
- Files in the computer carrying case. There is room in the case for various materials or for an expandable wallet.
- Suitcase on wheels. This allows you to keep all your equipment and materials with you while easing the strain on shoulders and backs. These may be particularly helpful for FIs working in urban areas who routinely use public transportation.

12.4 Tasks for a Typical Day

Each day you work, there are specific tasks to perform. Of course, other activities will vary depending on what you encounter out in the field. Here is a general summary of what to expect each day.

1. Review/devise your plan of action, including travel routes to/from segments.
2. Gather/organize your materials and supplies, then double check.
3. Travel to your segment.
4. Work! You will encounter one of five situations:

Can't screen (examples include no one home, vacant units, etc.)

- choose case from Select Case then advance to Identify SR
- approach unit and discover you can't screen
- complete ROC to document the situation.

Screen Only (codes 22, 26, 30)

- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- obtain verification information
- complete ROC.

Screen, then Interview (codes 31, 32, then 70)

- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- obtain Informed Consent(s)
- connect Gateway and enter Quest ID from Newton
- complete interview(s) with available selected respondent(s)
- enter VerifID in CAI program
- complete ROC in Newton.

Screen, make appointment for interview (codes 31, 32 then 50)

- choose case from Select Case then advance to Identify SR
- approach unit and obtain participation of eligible SR
- complete screening
- respondent(s) selected
- complete ROC for screening
- complete ROC for each person selected, recording appointment time
- prepare appointment card for selected person(s).

Interview only at appointment time (or other follow-up contact)

- choose case from Select Case, review selections and roster
- obtain participation/informed consent of respondent(s)
- connect Gateway and enter Quest ID from Newton
- complete interview(s) with available selected respondent(s)
- enter VerifID in CAI program
- complete ROC in Newton.

5. Travel home
6. Review cases—any to place on hold?
7. Prepare for and then transmit to RTI from Gateway
8. Read e-mail, if any
9. Prepare for and then transmit to RTI from Newton
10. Exit out to FormLogic screen on Newton
11. Complete entries on scratch PT&E reflecting the day's work, including hours, miles, expenses, and ID numbers of completed interviews
12. Leave both computers plugged in to recharge the batteries overnight.

12.5 Weekly Tasks

Each week there are specific tasks to complete.

- FS Conference call
- Prepare paper PT&E from scratch copy
- Enter summary PT&E data in your Newton (and transmit before Sunday at midnight)
- Mail PT&E and calendars from completed interviews to your FS.

12.6 Periodic Tasks

At the beginning of every quarter, you must carefully review your segment materials and assignment for the assigned calendar quarter. Remaining tasks are performed on an as-needed basis:

- Prepare and mail lead letters.
- Call your FS for escort approval.
- Call your FS, or RS if needed, for help convincing your reluctant respondents.
- Call your FS for computer questions.
- Upon FS referral, call Technical Support.
- Call RTI for help with adding missed GQUs or other sampling concerns.
- Delete completed cases from Newton
- Transmit as requested by FS.
- Resolve questions/problems.

12.7 End of Quarter Tasks

- Assign a final code to any cases not completed, **with FS approval**.
- Transmit one last time from both Newton and Gateway.
- Verify with FS that final transmissions are complete and you are totally finished with this quarter's work.
- Receive special code from FS.
- Remove all cases from Newton (see **Section 6.20**).
- Transmit from Newton again so the RTI computer knows your Newton is empty.
- After a specified time, transmit from Newton again to pick up the next quarter's work.
- Return complete segment kit to FS.
- Pat yourself on the back!
- Take a deep breath and prepare for the next quarter!

REVIEW OF CHAPTER 12

Summary

To assist your learning process, read the following summary of key points in this chapter. Following the summary are several questions to ask yourself. These questions will help you identify those areas you understand, and pinpoint the areas where you would benefit from re-reading a particular section.

SUMMARY

- Interviewers on this study must learn to effectively manage their supplies, including their valuable computer equipment and extensive materials. You will have to develop an organizational system that works best for you.
- Your work on this study can be broken down into daily, weekly, periodic (as needed), and end of the quarter tasks. It is extremely beneficial to use these task lists to productively organize (and understand!) your work load.

QUESTIONS TO ASK YOURSELF

1. List two supply or equipment items that you will NOT be bringing into the field with you.
2. Before traveling to your segment to begin work, what should you always do?
3. List at least three tasks that you should do every night after you have finished working.

Appendix A

Materials, Supplies, and Equipment

Materials, Supplies, and Equipment

Manuals

- NHSDA Field Interviewer Manual
- NHSDA FI Computer Manual

Locating, Contacting, and Screening Sample Dwelling Unit Materials

- Segment Kits (including all maps, original listing materials, and Selected DU List)
- Lead letters
- Pre-stamped window envelopes
- Added Group Quarters Listing Forms
- Added Group Quarters Within-Structure Sketch sheet
- RTI Photo Identification Badges
- "Sorry I Missed You" cards
- Newton handheld computer and case
- Extra Newton pens, a set of alkaline batteries, and the Newton backup alkaline battery case
- Showcard Booklet
- Extra copies of the Lead Letter (English, and English/Spanish)
- Extra copies of the Statement of Confidentiality (English, and English/Spanish)
- NHSDA Q&A Brochures (English and English/Spanish)
- Personal Identification Letter on SAMHSA letterhead
- NHSDA Informational Materials
 - NHSDA Highlights
 - NHSDA Newspaper Articles
 - Summary of Findings from the 1998 NHSDA

- SAMHSA News Articles
- List of Agencies who use NHSDA data
- Appointment cards
- Personal Appointment Calendar
- Pens, pencils

Preparing to Interview/Conducting the Interview Materials

- Newton handheld computer and case
- Extra Newton pens, a set of alkaline batteries, and the Newton backup alkaline battery case
- Gateway computer, power cord, extension cord, headphones, and disposable headset covers
- Gateway carrying case
- Reference Date Calendars
- Showcard Booklet
- Verification Forms (English/Spanish)
- Small Verification Form envelopes
- Pens, pencils

Reporting and Administrative Materials

- Newton handheld computer
- Extra Newton pens, Newton screen protectors
- Newton power adapter
- Black modem connection cord for Gateway and Newton, with beige phone extension unit and a gray telephone extension cord
- Gateway computer and power cords

- Two Gateway modular components, CD drive and floppy drive (to be used only as instructed by RTI technical support staff)
- PT&Es (Production Time and Expense Reports)
- Scratch PT&Es
- Receipt for Escort Services
- Envelopes for mailing PT&Es to your FS

Appendix B

Result Codes

Result Codes

Result Code List

This list includes all result codes, pending and final as well as screening and interviewing. The codes are defined and followed by a list of examples for each code. For instructions on the next steps to take after assigning a screening code, see **Section 4.4.1**. Instructions on necessary steps to take for cases with interviewing codes are in **Section 7.3.2**.

PENDING SCREENING CODES

01 - NO ONE AT DU -- no one is at the unit at the time of your visit.

Examples:

- You visit an SDU, and no one is at home.
- You knock on the door of an SDU, and no one answers the door. You decide to leave and go to another SDU
- You visit an SDU, and find no one home. A neighbor boy tells you that no one lives in the SDU. You have not discussed this SDU with your supervisor or confirmed it with an adult.

02 - SCREENING RESPONDENT UNAVAILABLE -- Someone is at the unit; but that person is not an eligible or knowledgeable screening respondent (young child, babysitter, housekeeper, etc.). The SR must be an adult (18+) resident of the SDU.

Examples:

- You visit an SDU to do a screening. The only person home is a 16-year-old resident.
- You visit an SDU for the second time. When you knock on the door, a woman answers but indicates she is the babysitter. Be sure to ask when would be a good time to return to speak with an adult resident, and record that information in the Newton ROC notes.
- You visit an SDU and no one answers your knock. You hear voices inside.

03 - NEIGHBOR INDICATES OCCUPANCY -- An adult neighbor (or other informant) indicates that the unit is occupied.

Examples:

- You visit an SDU for the first time, and no one answers the door. Before you enter an 01, you see an adult neighbor and ask if someone lives at this address. The neighbor confirms and you code it an 03. Remember to ask the neighbor for a good time to return.

04 - PHYSICALLY/MENTALLY INCOMPETENT -- No one at the unit is physically or mentally able to respond meaningfully to the screening questions.

Examples:

- You visit an SDU and discover that the only resident of the SDU cannot understand any screening questions apparently due to mental incompetence.
- The person who answers the door reeks of alcohol and is obviously drunk.

05 - LANGUAGE BARRIER (SPANISH) -- The screening respondent speaks Spanish and does not speak English well enough to complete the screening. RTI Certified Bilingual FIs have the option of completing the screening in Spanish.

Examples:

- You have a respondent who speaks only Spanish. You try to ask if there is anyone else in the household that could answer the screening questions in English. No one in the household speaks English so you code it an 05, and your FS will send a bilingual FI to this address.

06 - LANGUAGE BARRIER (OTHER) -- The screening respondent speaks a language other than English or Spanish and does not speak English well enough to complete the screening.

Examples:

- The person greets you at the door of an SDU speaking in a language that you do not understand but that you know is not Spanish. You attempt to make conversation in English, but the resident does not understand what you are saying. There is no one else at home who speaks English.

07 - REFUSAL TO SCREENING QUESTIONS -- The screening respondent you are talking with refuses to allow you to proceed with the screening process.

Examples:

- You visit a household and a man answers the door. You tell him who you are and why you are there. He says he is not interested. You try to convince him that this will only take a few minutes of his time. He tells you he is not interested and slams the door in your face.
- A woman cautiously answers the door, whispering to you that this isn't a good time. She keeps looking over her shoulder and seems anxious. She says you must go away.

08 - UNABLE TO LOCATE SDU -- You are unable to determine the exact location of the SDU.

Examples:

- You are out in the field and you cannot locate an address. You look at your maps and ask for directions, but still no luck. You code it an 08 and talk to your FS immediately.

09 - OTHER -- The situation you encounter does not fit into any of the above categories. Also use this if you are unsure how to code a situation and you **temporarily** code it an 09 until talking with your FS.

Examples:

- You discover that an SDU should not have been listed because it is outside of the segment boundaries. You have not discussed the SDU with your FS.

FINAL SCREENING CODES

10 - VACANT -- While in the field you confirm with a neighbor, landlord, realtor, or other knowledgeable person that the unit is vacant. The Newton will prompt you to complete verification information (this includes the **name** and **phone number** of the person who provides the confirmation).

Examples:

- You have visited an SDU four times. You finally talk to the owner of the house next door, who tells you no one lives in the SDU.

11 - NO ONE AT DU AFTER REPEATED VISITS -- Repeated visits at different times of the day and on different days of the week have failed, and **your FS has given approval**. No verification information is required.

Examples:

- It is the 12th week of the quarter. You have visited an SDU 10 times and have never found anyone home. You are certain that someone lives in the SDU because the house is fully furnished, the electric meter is running every time you are there, and the lawn is cut every week. You have not been able to catch a neighbor willing to give you any information about the SDU or the residents. Your supervisor gives you permission to give the case a final code.

12 - SCREENING RESPONDENT UNAVAILABLE AFTER REPEATED VISITS -- Repeated visits at different times of the day and on different days of the week have failed, and **your FS has given approval**. No verification information is required.

Examples:

- It is the 11th week of the quarter. You have visited an SDU six times, but have never found an adult resident to do the screening. Your supervisor gives you permission to give the case a final code.

13 - NOT A PRIMARY RESIDENCE -- You have verified with the current or temporary residents, a neighbor, real estate agent, or landlord that the unit is not used as a primary residence (that is, it is only a weekend or vacation home). To qualify as a primary residence, the residents must spend the majority of their time living at the DU. If residents are not there for ½ or more of the quarter, see code 26. The Newton will prompt you to obtain verification information.

Examples:

- You discover that an SDU is a vacation home that the owners only visit occasionally.

14 - PHYSICALLY/MENTALLY INCOMPETENT -- This code should rarely be used. However, if no one at the unit is able to respond meaningfully to the screening questions, **your FS can give approval**. No verification information is required.

Examples:

- You visit an SDU and discover that the only resident of the SDU does not understand your screening questions, but it is obvious that the person speaks and understands English. You revisit the SDU the following week and find that the resident still cannot understand your questions. You have checked with neighbors to see if someone else lives there who can answer your questions. The neighbors indicate the resident is mentally incapable. Your supervisor has given you permission to give the case a final code.
- Caretaker of the resident says the resident is mentally or physically incapable of responding to the questions. The caretaker is not a resident.

15 - LANGUAGE BARRIER (SPANISH) -- This code should be used rarely. If there is not a possibility of transferring the case to a bilingual FI, **your FS can give approval**. Do not code this until your FS says there are no bilingual FIs to work it. No verification information is required.

Examples:

- All residents of an SDU speak Spanish only. It is week 12 of the quarter, and there are no bilingual FIs available to work the case. Your supervisor has given you permission to give the case a final code.

16 - LANGUAGE BARRIER (OTHER) -- This code should rarely be used. If there isn't a translator available, **your FS can give approval**. Use this code when you cannot tell what language is being spoken by a respondent. Your FS can send a bilingual FI who can tell if it is Spanish or not. No verification information is required.

Examples:

- You have visited an SDU five times. You have never found anyone home who speaks a language you can understand, nor can you find a translator. Your supervisor gives you permission to give the case a final code.

17 - REFUSAL -- All attempts to convert the refusal have been unsuccessful and **your FS gives approval**. The Newton will prompt you to enter a refusal reason. Be sure you have made accurate notes about the situation. No verification information is required.

Examples:

- You got a refusal from a resident at an SDU. A refusal letter was sent from RTI. You revisited the SDU after the letter was sent and the resident threatened to call the police. Your supervisor gave you permission to give the case a final code.

18 - NOT A DWELLING UNIT -- Verify with a neighbor, landlord, or other knowledgeable person that the unit does not meet our definition of a dwelling unit. Enter the verification information (including name and number of the person who provides the confirmation) when prompted by the Newton.

Examples:

- Units that have been demolished or merged with another unit, a unit used by a church or nonprofit organization as a meeting facility, or a unit used only for business or storage.
- You discover that an SDU is a beauty shop only.
- You visit a household and find that it burnt down last week.

19 - GQU (GROUP QUARTERS UNIT) LISTED AS HU (HOUSING UNIT) -- A GQU was listed incorrectly as an HU. **Check with your FS for further instructions.**

Examples:

- Upon visiting an SDU, you learn that the SDU originally listed as an HU has been converted into a boarding house with 11 rooms. You discuss the SDU with your supervisor and he gives you permission to give the case a final code.

20 - HU LISTED AS GQU -- An HU was listed incorrectly as a GQU. **Check with your FS for further instructions.**

Examples:

- You visit an SDU that was originally listed as a boarding house but is now a single family dwelling unit. Your supervisor gives you permission to give the case a final code.

21 - DENIED ACCESS TO BUILDING/COMPLEX -- After many attempts you are **UNEQUIVOCALLY** denied access. **Your FS must give approval.** No verification information is required.

Examples:

- You attempt to gain access to an SDU in an apartment building through a doorman but are unable to get past the doorman. Your supervisor has attempted contact with the building owners, RTI has sent packages to the on-site managers and building owners, but neither the manager nor the owners will give you permission to enter the building. Your supervisor has given you permission to give the case a final code.

22 - DU CONTAINS ONLY MILITARY PERSONNEL -- The Newton automatically assigns this code if during screening all DU members are found to be military personnel on active duty. Persons on active duty in the military are not eligible for NHSDA. Be sure to enter the verification information in the Newton as prompted.

Examples:

- You are visiting SDUs on a military base and discover that both residents of an SDU are on active duty in the military.

23 - OTHER -- This code should be rarely used as virtually all situations are covered by another appropriate code. However, it applies for all cases that do not fit any of the above categories or code 29. Be sure you have fully described the situation to your FS, and he/she **has given approval** to use this code. Be sure to document the circumstances in your Record of Calls. No verification information is required.

Examples:

- You go through the process and add a missed DU. After it is added, you discover the unit WAS originally listed, so it should not have been added. In the comments section of the ROC describe the situation including the phrase “Added in Error.”

25 - NO ELIGIBLE SDU MEMBERS -- When all DU members listed on the screening roster are changed to ineligible status, the Newton automatically assigns this code at the end of the screening. It is not available for you to assign in the Newton ROC section. Enter the verification information in the Newton.

Examples:

- You are about to finish a screening early in the quarter when the screening respondent tells you they are moving in 2 weeks and in fact will not live in the house for most of the

quarter. Mark all listed household members as ineligible, then the Newton will assign this code.

- While completing a screening roster towards the end of the quarter, the screening respondent indicates he is on active duty in the military and his only house-mate just moved in last week so did not reside in the unit for most of the quarter. Both residents are ineligible, so the Newton will assign code 25.

26 - WILL RESIDE/HAS RESIDED IN DU LESS THAN ½ OF THE QUARTER -- When the response is 'no' to the third screening question, at the **Occupancy** screen, there is no household roster and a code 26 applies. The Newton assigns this code when no one in the DU will live there (or has lived there) for most of the time during the three months of the quarter. Enter verification information in the Newton.

Examples:

- You determine through screening in a college dorm that the three residents of the SDU are college students who will be living at their parents' homes for most of the quarter.

29 - LISTING ERROR – These units that were listed in error during the counting and listing phase.

Examples:

- The fourth unit in a multi-unit structure is an SDU. You locate the structure and realize there are only three units. You confirm with the manager that there have always only been three units. The SDU does not exist, meaning the unit was originally listed in error.
- The person completing counting and listing went one street too far, so the SDU is out of the boundaries of the segment. Confirm this by a thorough investigation in the area using the maps and listing materials, then discuss it with your FS.

30 - NO ONE SELECTED FOR INTERVIEW -- The Newton automatically assigns this code at the end of the screening when a resident of the dwelling unit has provided the screening information, but no one listed on the roster was selected for the interview. Enter the verification information when prompted.

Examples:

- You complete a screening and no one is selected for an interview.

31 - ONE SELECTED FOR INTERVIEW -- The Newton automatically assigns this code at the end of the screening when one DU member is selected to be interviewed. No screening verification information is required.

Examples:

- You complete a screening and one person is selected for an interview.

32 - TWO SELECTED FOR INTERVIEW -- The Newton automatically assigns this code at the end of the screening when two DU members are selected to be interviewed. No screening verification information is required.

Examples:

- You complete a screening and two residents are selected for an interview.

PENDING INTERVIEW CODES

50 - APPOINTMENT FOR INTERVIEW -- You have spoken with the respondent and have set a time to conduct the interview.

Examples:

- The selected respondent is at home, but cannot complete the interview at that time. You make an appointment to complete the interview the following week.

51 - NO ONE AT DU -- No one is at the DU.

Examples:

- Last week following screening the selected respondent was not at home (code 52). You revisit the SDU at the time suggested by the screening respondent and no one is at home.

52 - RESPONDENT UNAVAILABLE -- Someone is at the SDU, but the selected interview respondent is not.

Examples:

- At the conclusion of screening, you discover the selected respondent is not at home.
- You return for a scheduled appointment with a young mother only to find her children are all sick.

53 - BREAK OFF (PARTIAL INTERVIEW) -- The respondent you are interviewing either refuses to allow you to complete the interviewing process or cannot complete the interview at that time.

Examples:

- You are halfway through an interview with a respondent. The respondent remembers that he must be at work in 10 minutes. He tells you that you must leave right away.

54 - PHYSICALLY/MENTALLY INCOMPETENT -- The respondent is unable to meaningfully answer the questions. Examples are respondents with pronounced mental retardation, autism, or who are intoxicated. Physical problems due to serious illness, deafness, or severe speech disorders may qualify. If the incompetence is not temporary, **discuss the situation with your FS**. Always attempt the interview unless it is absolutely clear that the respondent cannot be interviewed.

Examples:

- The respondent is deaf so cannot complete the CAPI portion of the interview.

55 - LANGUAGE BARRIER (SPANISH) -- The respondent speaks Spanish, and does not speak English well enough to complete the interview. Talk with your FS about transferring the case to a bilingual FI. **There can be NO translators for an interview.**

Examples:

- The respondent speaks only Spanish.

56 - LANGUAGE BARRIER (OTHER) -- The respondent speaks a language other than English or Spanish and does not speak English well enough to complete the interview. Talk with your FS. **Unlike screening, there can be NO translators used for the interview.**

Examples:

- The respondent speaks only German.

57 - REFUSAL (BY RESPONDENT) -- The respondent refuses to let you start the interviewing process. Make notes in the Newton Refusal Report while the incident is still fresh in your mind and discuss with your FS how to handle the case. A refusal letter may be sent.

Examples:

- The selected respondent refuses to complete the interview.
- The selected respondent is a 20-year-old who lives with his parents. The father refuses to allow you to interview the 20-year-old. Since the respondent is not 12-17, this becomes a gatekeeper situation with the father refusing for the respondent.
- A 15-year-old respondent refuses to participate, even though the mother gave permission.

58 - PARENTAL REFUSAL FOR 12-17 YEAR OLD -- The parent refuses to allow you to interview the selected youth aged 12-17. If a parent refuses for a son or daughter aged 18 or over, use code 57. Make any necessary notes in the Newton and discuss this with your FS. A special refusal letter may be sent to the parent.

Examples:

- The selected respondent is a 14-year-old female. Her father, the screening respondent, refuses to let you interview the daughter.

59 - OTHER -- The situation you encounter does not fit into any of the categories above. Describe the situation in the Comments, and discuss with your FS how to handle the case.

Examples:

- You revisit the SDU two weeks after screening and discover that the selected respondent has moved across the country. You have not discussed the situation with your supervisor.

FINAL INTERVIEW CODES

70 - INTERVIEW COMPLETE -- The respondent has completed the interview.

Examples:

- You complete an interview with a respondent.

71 - NO ONE AT HOME AFTER REPEATED VISITS -- Your repeated attempts at different times of the day and days of the week fail, **and your FS agrees**. With persistence, this code should be used rarely. You must have gone back to the HH **at least** four times, and no one was ever home.

Examples:

- It is the last day of the quarter. You revisit an SDU where you completed screening two weeks prior. Since completing screening, you have not been able to find anyone at home. Your supervisor has given you permission to give the case a final code.

72 - RESPONDENT UNAVAILABLE -- There may be situations in which the respondent is out of the country or institutionalized (hospital, in jail, etc.) and will not be returning before the end of the data collection quarter. You also may not be able to contact the selected respondent. After you have investigated the situation fully, discuss it with your FS who must approve your use of this code. With diligence, this code also will be used rarely.

Examples:

- The person was a member of the HH at the time of the screening, but was incarcerated and will not be returning home before the end of the field period.
- You went back to the HH at least four times and even though others were home, the respondent was never home.
- It is the last day of the quarter. You have visited an SDU many times since screening, have spoken to residents of the SDU other than the selected respondent, have attempted to get an appointment for an interview with the selected respondent, but have never found the selected respondent at home. Your supervisor has given you permission to give the case a final code.

73 - BREAK OFF (PARTIAL INTERVIEW) -- All attempts to complete the interview have been unsuccessful, and your FS approves.

Examples:

- There are two days left in the quarter. You began the interview three weeks ago. You have attempted to complete the interview several times but have never been able to find the selected respondent at home. Your supervisor gives you permission to give the case a final code.

74 - PHYSICALLY/MENTALLY INCOMPETENT -- The respondent is physically or mentally unable to respond meaningfully to the interview questions. Your FS will approve the use of this code.

Examples:

- The selected respondent has severe Alzheimer's Disease. The respondent does not seem capable of completing the interview. You discuss the situation with your FS, and she gives you permission to give the case a final code.

75 - LANGUAGE BARRIER (SPANISH)-- The case cannot be completed because of a Spanish language barrier, and no bilingual interviewer is available to complete the case.

Examples:

- It is the last week of the quarter. During screening at an SDU four weeks ago, you discovered the selected respondent speaks only Spanish. Even though you reported it right away, your supervisor has not been able to get a bilingual FI for the case and has given you permission to give the case a final code.

76 - LANGUAGE BARRIER (OTHER) -- An interview cannot be completed due to a language barrier other than Spanish. We do not certify interviewers to conduct the interview in any other languages. Be sure to specify the language.

Examples:

- The respondent speaks only Chinese. Your supervisor gives you permission to give the case a final code.

77 - FINAL REFUSAL BY RESPONDENT -- All attempts to convert an adult or youth refusal are unsuccessful, and your FS approves. Be sure you indicate the reason for the refusal in the Newton.

Examples:

- Two months ago following screening, the selected respondent refused to complete the interview. You revisited the SDU and the respondent still refused to complete the interview. Your supervisor gives you permission to give the case a final code.

78 - PARENTAL REFUSAL FOR 12-17 YEAR OLD -- All attempts to persuade the parent or guardian to allow you to interview the youth have been unsuccessful, and your FS approves. Note that this code is **ONLY** for parental refusals for 12-17 year olds. If a parent refuses for an 18 year old, it is a gatekeeper situation similar to a husband refusing for a wife, and the correct code is a 77.

Examples:

- It is the last week of the quarter. One month ago another FI in your area screened an SDU in which one interview respondent was chosen. Despite several attempts, the first FI was unable to convince either parent of the 12-year-old to allow the youth to complete the interview. Your supervisor transfers the case to you. You also fail to gain permission from either parent for the youth to do the interview. Your supervisor gives you permission to give the case a final code.

79 - OTHER -- This code should be used **only** for cases that do not fit **any** of the other categories. Be sure to **fully describe the situation in the Comments on the Record of Calls and talk with your FS for approval** to assign this code. Examples would include: youth respondent only 11 years old; respondent on active duty in the military; denied access; college student rostered in error; and respondent moved and no forwarding address could be found. Carefully consider if another result code applies (e.g. Code 71 - No One at Home After Repeated Visits or Code 72 - Respondent Unavailable), since each case with a code 79 must be reviewed by RTI staff.

Examples:

- The selected respondent is not at home at the time of screening. When you revisit the SDU you are told that the selected respondent does not actually live at the SDU but only visits occasionally. You discuss the situation with your FS, and she gives you permission to give the case a final code.

Appendix C

Refusal Letters

Screening - Too Busy/No Time (S1)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently one of our representatives contacted someone in your household about participating in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. We are sorry we called on your household at an inconvenient time and appreciate that in modern life, time is a precious commodity. However, we want you to know that **we very much need you to represent others like you who lead active, busy lives.** The initial questions will take about five minutes, then someone in your household may or may not be selected to participate in the full survey.

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

Using statistical sampling procedures, we selected a limited number of households to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. **No other household can replace yours in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. And the option to refuse to answer any question is always available.

I hope that after you consider these factors and read the enclosed brochure, you will make the time to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>] [<http://www.samhsa.gov>] [<http://www.rti.org>]

S1

Screening - Surveys/Government Too Invasive (S2)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently one of our representatives contacted someone in your household about participating in the National Household Survey on Drug Abuse (NHSDA). We understand that you are concerned about being asked questions about your household, and we want you to know that **if you agree to participate, the option to refuse to answer any question is always available.**

The initial questions will take about five minutes, then someone in your household may or may not be selected to participate in the full survey. Be assured that we combine individual answers with the answers of thousands of other people and report them only as overall numbers. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey.

Using statistical sampling procedures, we selected a limited number of households to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. **No other household can replace yours in this study.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

S2

Screening - Needs Clarification (S3)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently one of our representatives contacted someone in your household about participating in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you expressed concerns about the legitimacy of the study and why you were selected to answer questions about this subject.

Using statistical sampling procedures, we selected a limited number of households to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. **No other household can replace yours in this study.**

The initial questions will take about five minutes, then someone in your household may or may not be selected to participate in the full survey. Be assured that we combine individual answers with the answers of thousands of other people and report them only as overall numbers. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. **And the option to refuse to answer any question is always available.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, your concerns will be alleviated and you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

S3

Screening - “Nothing in it for me”/Uncooperative (S4)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently one of our representatives contacted someone in your household about participating in the National Household Survey on Drug Abuse (NHSDA). At the time, there was no interest in participating. However, you may not know that the initial questions will take only about five minutes—then someone in your household may or may not be selected to participate in the full survey.

Using statistical sampling procedures, we selected a limited number of households to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. **No other household can replace yours in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. And we want you to know that **if you agree to participate, the option to refuse to answer any question is always available.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

S4

Screening - Spouse/HH Member will not allow Participation (S5)

[DATE]

Resident

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA). We understand that you are concerned about being asked questions about this subject and want you to know that if you agree to participate, the option to refuse to answer any question is always available.

Be assured that **we combine your answers with the answers of thousands of other people and report them only as overall numbers.** The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey.

Using statistical sampling procedures, we selected a limited number of people to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. Your answers represent those of approximately 3,000 other people in this country, and **no other person can replace your participation in this study.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

S5

Interview [Adult] - Too Busy/No Time (I1)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you expressed some reluctance about spending the time necessary to do the interview. We appreciate that your time is a precious commodity but want you to know **we very much need you to represent others like you who lead active, busy lives.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working—it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

We selected a limited number of people to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. Your answers represent those of approximately 3,000 other people in this country, and **no other person can replace your participation in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. And the option to refuse to answer any question is always available.

I hope that after you consider these factors and read the enclosed brochure, you will make the time to participate in this study—it really is important. One of our interviewers will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

11

Interview [Adult] - Surveys/Government Too Invasive (I2)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA). We understand that you are concerned about being asked questions about this subject and want you to know that if you agree to participate, the option to refuse to answer any question is always available.

Be assured that **we combine your answers with the answers of thousands of other people and report them only as overall numbers.** The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey.

Using statistical sampling procedures, we selected a limited number of people to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. Your answers represent those of approximately 3,000 other people in this country, and **no other person can replace your participation in this study.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

12

Interview [Adult] - Needs Clarification (I3)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you expressed concerns about the legitimacy of the study and why you were selected to answer questions about this subject.

Using statistical sampling procedures, we selected a limited number of people to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. Your answers represent those of approximately 3,000 other people in this country, and **no other person can replace your participation in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. **And the option to refuse to answer any question is always available.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, your concerns will be alleviated and you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

I3

Interview [Adult] - “Nothing in it for me”/Uncooperative (I4)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you were not interested in participating.

We selected a limited number of people to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. Your answers represent those of approximately 3,000 other people in this country, and **no other person can replace your participation in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. And we want you to know that **if you agree to participate, the option to refuse to answer any question is always available.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

14

Interview [Adult] - Spouse/HH Member will not allow Participation (I5)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you were uncertain about participating in this study. Please be assured that your privacy will be protected. The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. Individual answers are combined with the answers of thousands of other people and reported only as overall numbers. Additionally, if you agree to participate, **the option to refuse to answer any question is always available.**

Using statistical sampling procedures, we selected a limited number of people to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. Your answers represent those of approximately 3,000 other people in this country, and **no other person can replace your participation in this study.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will feel more comfortable about participating in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

15

Interview [Teen] - Too Busy/No Time (M1)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you expressed some reluctance about spending the time necessary to do the interview. We appreciate that modern teenagers have many demands on their time but want you to know **we very much need you to represent other young people like you who lead active, busy lives.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working—it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

We selected a limited number of young people to represent the teenage population of the U.S., and we need responses from everyone selected to get a good picture of that segment of the American public. Your answers represent those of approximately 1,000 other teenagers in this country, and **no other person can replace your participation in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. And the option to refuse to answer any question is always available.

I hope that after you consider these factors and read the enclosed brochure, you will make the time to participate in this study—it really is important. One of our interviewers will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

M1

Interview [Parent] - Teen Exposure (M2)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: Parent/guardian of [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked permission for a young person in your household to participate in the National Household Survey on Drug Abuse (NHSDA). At the time, you expressed some reluctance about exposing your teen to questions about this subject matter. We understand your concern, but most young people have participated in the Drug Abuse Resistance Education (DARE) program at their schools and are aware of the facts about this important topic.

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. By participating in the survey, your teen will make a direct contribution to these efforts, and **your family** could make a difference in how tax dollars are spent in the future.

Using statistical sampling procedures, we selected a limited number of young people to represent the teenage population of the U.S. We need responses from everyone selected to get a good picture of that segment of the American public. As you know, all teenagers are not on drugs—but when those who do not use drugs are under-represented, it looks like most American young people are using drugs. Your teen's answers represent those of approximately 1,000 other young people in this country, and **no other young person can replace their participation in this study**.

The survey is set up so that your teen records most of his or her own answers. Individual answers are combined with the answers of thousands of other people and reported only as overall numbers. To further protect the privacy of participants, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. Additionally, if you allow your teen to participate, **the option for him or her to refuse to answer any question is always available**.

I hope that after you consider these factors and read the enclosed brochure, you will agree to let your teen participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your teen's participation at a time most convenient for your family.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

M2

Interview [Teen] - Needs Clarification (M3)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you expressed concerns about the legitimacy of the study and why you were selected to answer questions about this subject.

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

Using statistical sampling procedures, we selected a limited number of young people to represent the teenage population of the U.S., and we need responses from everyone selected to get a good picture of that segment of the American public. Your answers represent those of approximately 1,000 other teenagers in this country, and **no other person can replace your participation in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. **And the option to refuse to answer any question is always available.**

I hope that after you consider these factors and read the enclosed brochure, your concerns will be alleviated and you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

M3

Interview [Teen] - “Nothing in it for me”/Uncooperative (M4)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA), which is being conducted for the U.S. Dept. of Health and Human Services. At the time, you were not interested in participating.

We selected a limited number of young people to represent the teenage population of the U.S., and we need responses from everyone selected to get a good picture of that segment of the American public. Your answers represent those of approximately 1,000 other teenagers in this country, and **no other person can replace your participation in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. If you agree to participate, **the interview will be done in a private setting where no one, including your parents, will hear your responses.** The survey is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of information to those not working directly on the survey. And the option to refuse to answer any question is always available.

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will agree to participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your participation at a time most convenient for you.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

M4

Interview [Parent] - Parent/HH Member will not allow Participation (M5)

[DATE]

Resident
[STREET ADDRESS]
[CITY], [STATE] [ZIPCODE]

Attn: Parent/guardian of [age] year old [gender] resident

Dear Resident,

Recently one of our field interviewers came to your home and asked permission for a young person in your household to participate in the National Household Survey on Drug Abuse (NHSDA). At the time, you expressed some reluctance about allowing your teen to participate in this study. We appreciate your position, but as you know, all teenagers are not on drugs—and **when those who do not use drugs are under-represented, it looks like most American young people are using drugs.**

Using statistical sampling procedures, we selected a limited number of young people to represent the teenage population of the U.S., and we need responses from everyone selected to get a good picture of that segment of the American public. Your teen's answers represent those of approximately 1,000 other young people in this country, and **no other young person can replace their participation in this study.**

The survey is set up so that your teen records most of his or her own answers. Individual answers are combined with the answers of thousands of other people and reported only as overall numbers. To further protect privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. Additionally, if you allow your teen to participate, **the option for him or her to refuse to answer any question is always available.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. By participating in the survey, your teen will make a direct contribution to these efforts, and **your family** could make a difference in how tax dollars are spent in the future.

I hope that after you consider these factors and read the enclosed brochure, you will agree to let your teen participate in this study—it really is important. One of our representatives will call on you again soon and will be happy to schedule your teen's participation at a time most convenient for your family.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

M5

Screening - Unable to Contact (U1)

[DATE]

Resident
1234 Main Street
Anycity, XX 12345

Dear Resident:

Recently one of our representatives attempted to contact someone in your household about participating in the National Household Survey on Drug Abuse (NHSDA), which is being conducted by Research Triangle Institute for the U.S. Dept. of Health and Human Services. So far, we have been unable to speak with anyone, but **your participation in this study is important or we would not continue to try to reach you.**

Some people are cautious about speaking to a stranger at the door, and that is understandable. We are not soliciting or selling anything—we have just a few questions to ask that will take about five minutes. After that, someone in your household may or may not be selected to participate in the full survey. We selected a limited number of households to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. **No other household can replace yours in this study.**

We combine your answers with the answers of thousands of other people and report them only as overall numbers. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. **And the option to refuse to answer any question is always available.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that you will agree to participate in this study—it really is important. One of our interviewers will call on you again soon—he or she will wear a photo identification badge and carry a letter of authorization from the U.S. Dept. of Health and Human Services.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

U1

Interview - Unable to Contact (U2)

[DATE]

Resident
1234 Main Street
Anycity, XX 12345

Attn: [XX] year-old [gender] resident

Dear Resident:

Recently one of our field interviewers came to your home and asked you to participate in the National Household Survey on Drug Abuse (NHSDA). You were not available to complete the interview at that time and have been away or unavailable each time the interviewer has returned since then. **Your participation in this study is important or we would not continue to try to reach you.**

We selected a limited number of people to represent the population of the U.S., and we need responses from everyone selected to get a good picture of the American public. Your answers represent those of approximately 3,000 other people in this country, and no other person can replace your participation in this study.

We combine your answers with the answers of thousands of other people and report them only as overall numbers. The survey will be conducted in a private area of your home and is set up so that you record most of your own answers—the interviewer never sees them. To further protect your privacy, all RTI employees are required to follow the guidelines of a Federal Confidentiality Certificate that prevents the release of any information to those not working directly on the survey. **And the option to refuse to answer any question is always available.**

Did you know that the NHSDA is the major source of national data concerning alcohol, tobacco, and drug usage? It helps the President and Congress learn about drug use trends throughout the country so that they can decide if current drug control policies are working. For this reason, it is just as important that we talk to people who have *not* used drugs as it is that we talk with those who have. By participating in the survey, you will make a direct contribution to these efforts. **You** could make a difference in how tax dollars are spent in the future.

I hope that you will agree to participate in this study—it really is important. One of our interviewers will call on you again soon—he or she will wear a photo identification badge and carry a letter of authorization from the U.S. Dept. of Health and Human Services.

Sincerely,

[FS NAME], Field Supervisor

P.S. Please, if you have any questions, telephone me toll-free at [TOLL FREE NUMBER].

Enclosure

The National Household Survey on Drug Abuse is conducted by Research Triangle Institute (RTI) for the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. [<http://nhsdaweb.rti.org>]
[<http://www.samhsa.gov>] [<http://www.rti.org>]

U2

Appendix D

NHSDA Respondent Website Content

Home Page
<http://nhsdaweb.rti.org>

**National Household Survey
On Drug Abuse (NHSDA)—Homepage**

The National Household Survey on Drug Abuse (NHSDA) provides annual data on drug use in the United States. First conducted in 1971, this survey was originally sponsored by the National Institute on Drug Abuse (NIDA). Currently sponsored by the [Department of Health and Human Services' \(DHHS\) Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), the NHSDA provides yearly national and state level estimates of alcohol, tobacco, illicit drug, and non-medical prescription drug use. Other health-related questions also appear on the NHSDA from year to year, including questions about mental health.

[Research Triangle Institute \(RTI\)](#), a not-for-profit organization based in Research Triangle Park, North Carolina, has held the NHSDA contract since 1988. The current contract between RTI and SAMHSA continues NHSDA data collection through 2003.

Project Description

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

Frequently Asked Questions

Confidentiality

About SAMHSA

About RTI

Employment Information

Home

[Webmaster \(cpi@rti.org\)](mailto:cpi@rti.org)
Last Update: May 30, 2000
URL: <http://nhsdaweb.rti.org/frame/homepage1.cfm>

Number of visits since May 7, 1999 = 2537

Project Description

The screenshot shows a Microsoft Internet Explorer browser window displaying the NHSDA Project Description page. The browser's address bar shows the URL <http://nhsdaweb.rti.org/>. The page title is "NHSDA—Project Description".

Organizations Involved

The National Household Survey on Drug Abuse (NHSDA) is a nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. The [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) funds the NHSDA. SAMHSA is an agency within the [U.S. Department of Health and Human Services](#). Supervision of the project comes from SAMHSA's Office of Applied Studies (OAS).

Through a competitive bidding process, SAMHSA selected [Research Triangle Institute \(RTI\)](#) to conduct the NHSDA through 2003, after many years of successful NHSDA work beginning in 1988. RTI's role in this long-term national effort has been and will continue to be study design, sample selection, data collection, data processing, analysis, and reporting.

Project Goals

Data from this year's NHSDA will provide the only available national and state-level estimates of the past month, past year, and lifetime use of tobacco products, alcohol, illicit drugs, and non-medical use of prescription drugs. In keeping with past studies, this [data](#) will continue to provide the drug prevention, treatment, and research communities with current, relevant information on the status of the nation's drug usage. To assess and monitor the nature of drug and alcohol use and the consequences of abuse, the NHSDA strives to:

- provide accurate data on the level and patterns of licit and illicit drug use
- track trends in the use of alcohol and various types of drugs
- assess the consequences of drug use and abuse
- identify groups with a high risk for drug abuse

Many government agencies, private organizations, individual researchers, and the public at large use the data (e.g., the Centers for Disease Control and the Media Partnership for a Drug-Free America). For instance, many state health agencies use NHSDA data to estimate the need for drug treatment facilities. Other federal, state, and local agencies—such as the Office of National Drug Control Policy and the Department of Justice—use the information to support their drug use prevention programs and to monitor drug control strategies.

The left sidebar of the webpage contains the following navigation links:

- [Project Description](#)
- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)
- [Frequently Asked Questions](#)
- [Confidentiality](#)
- [About SAMHSA](#)
- [About RTI](#)
- [Employment Information](#)
- [Home](#)

Project Description (Cont'd)

The screenshot shows a Microsoft Internet Explorer browser window displaying the NHSDA website. The address bar shows the URL: <http://nhsdaweb.rti.org/>. The page content includes the SAMHSA and RTI logos, a navigation menu, and three main sections: Selection Process, Data Collection and Processing, and a footer with contact information.

Selection Process

RTI selects a scientific random sample of households throughout the United States, and a professional field representative makes a personal visit to each selected household. Once picked, no other household can be substituted for any reason. Residents of these households may be asked to participate in the survey. If an individual is selected, participation is voluntary, but no other person can be substituted.

Data Collection and Processing

Participants answer questions in the privacy of their own homes when an RTI professional field interviewer visits in person. The interviewer uses a computerized questionnaire to read and enter the responses to some questions. However, most responses are answered privately by the participant so that even the interviewer does not know the answer entered. The survey takes approximately one hour to complete.

All selected persons are encouraged to participate, whether or not they use or even know anything about drugs. In order to know the percentage of people who do use these substances, we also must know how many people do not.

Both SAMHSA and RTI are committed to assuring complete confidentiality of responses. Our interest is only in the combination of all responses nationwide—not anyone's individual answers. Participants' names are never recorded or associated with their answers.

Each interview data file—identified only by a code number—is electronically transmitted to RTI on the same day the interview is conducted. Combined with all other participants' answers, the data are then coded, totaled, and turned into statistics for analysis. As a quality-control measure, participants may receive a telephone call or a letter from RTI to verify that the interviewer completed the survey with them.

Webmaster (cgr@rti.org)
Last Update: May 30, 2000
URL: http://nhsdaweb.rti.org/frame/project_description.html

1998 NHSDA Summary of Findings — Title Page

The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying "NHSDA98Summ - Microsoft Internet Explorer provided by RTI". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The toolbar contains icons for "Back", "Forward", "Stop", "Refresh", "Home", "Search", "Favorites", "History", "Mail", "Print", and "Edit".

At the top of the page content, there are two buttons: "TOC" and "NEXT".

The main title is centered and reads: "OFFICE OF APPLIED STUDIES", "Summary of Findings from the", "1998 National Household Survey", and "on Drug Abuse".

Below the title, it says "DEPARTMENT OF HEALTH AND HUMAN SERVICES" and "Substance Abuse and Mental Health Services Administration".

The section "ACKNOWLEDGMENTS" follows, with a paragraph of text: "This report was prepared by the Division of Population Surveys, OAS, SAMHSA, and the Research Triangle Institute (RTI), Research Triangle Park, North Carolina. Work by RTI was performed under Contract No.: 283-98-9008. Significant contributors at RTI include _____, _____, _____, _____, and _____ (Project Director). Significant contributors from SAMHSA include _____, _____, _____, and _____. Graphics and formatting of the report were done by _____."

The section "PUBLIC DOMAIN NOTICE" follows, with a paragraph of text: "All material appearing in this report is in the public domain and may be reproduced or copied without permission from the Substance Abuse and Mental Health Services Administration. Citation of the source is appreciated."

The browser's status bar at the bottom shows "Done" on the left and "Internet" on the right.

1998 NHSDA Summary of Findings — Title Page (Cont'd)

OBTAINING ADDITIONAL COPIES OF PUBLICATION

Copies may be obtained, free of charge, from the National Clearinghouse for Alcohol and Drug Information (NCADI). The NCADI is a service of the Substance Abuse and Mental Health Services Administration (SAMHSA). For copies of publications, please write or call:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
(301) 468-2600 1-800-729-6686 TDD 1-800-487-4889

ELECTRONIC ACCESS TO PUBLICATION

This publication can be accessed electronically through the Internet World Wide Web connections listed below.

World Wide Web Internet Connections: <http://www.samhsa.gov>
<http://www.health.org>

ORIGINATING OFFICE

SAMHSA, Office of Applied Studies
5600 Fishers Lane, Room 16-105
Rockville, MD 20857
August 1999

[A](#) [TOC](#) [NEXT](#)

1998 NHSDA Summary of Findings — Table of Contents

Summary of Findings from the 1998 National Household Survey on Drug Abuse Table of Contents - Microsoft Internet Explorer proxy

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

SAMHSA
OFFICE OF APPLIED STUDIES

Table of Contents: Summary of Findings from the 1998 National Household Survey on Drug Abuse

[TITLE PAGE](#)

[LIST OF TABLES](#)

[HIGHLIGHTS](#)

[1. INTRODUCTION](#)

[SUMMARY OF NHSDA METHODOLOGY](#)

[REVISED METHODOLOGY AND ADJUSTMENT OF 1979-1993 ESTIMATES](#)

[FORMAT OF REPORT AND EXPLANATION OF TABLES](#)

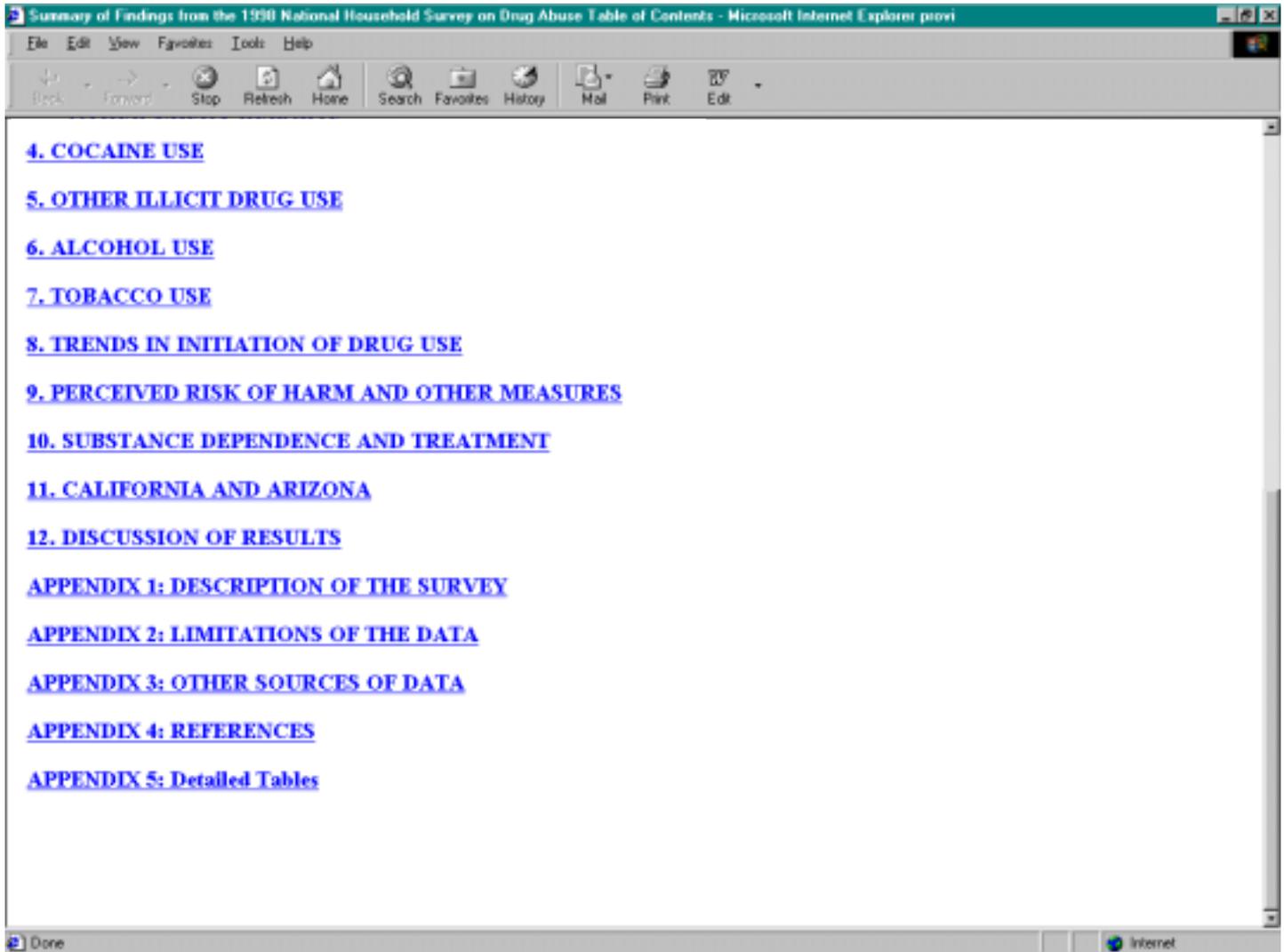
[OTHER NHSDA REPORTS](#)

[2. ANY ILLICIT DRUG USE](#)

[3. MARIJUANA AND HASHISH USE](#)

Done Internet

1998 NHSDA Summary of Findings — Table of Contents (Cont'd)



Who Uses NHSDA Data

The screenshot shows a Microsoft Internet Explorer browser window displaying the NHSDA website. The address bar shows the URL <http://nhsdaweb.rti.org/>. The page title is "NHSDA—Who Uses NHSDA Data".

NHSDA—Who Uses NHSDA Data

Many, many researchers use NHSDA data. The following list, though far from exhaustive, provides examples of the ways in which the data from this important study are used.

- [The Partnership for a Drug-Free America](#) uses NHSDA data to design media advertising campaigns for the prevention of substance abuse.
- [The White House Office of National Drug Control Policy \(ONDCP\)](#) uses NHSDA data to track progress toward goals in the National Drug Control Strategy.
- [State and local Health departments](#) use NHSDA data to assess area substance abuse problems and to develop appropriate funding strategies and prevention measures.
- The [Office on Smoking and Health](#), a part of the [Centers for Disease Control and Prevention \(CDC\)](#), uses NHSDA data to study trends and patterns in youth tobacco use and to develop strategies for reducing youth tobacco use.
- Based on the trends and patterns of substance abuse evident in the NHSDA data, the [National Institute on Drug Abuse \(NIDA\)](#) develops research programs targeted toward populations and types of drug use problems where the need is greatest.
- The [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) prepares statistical reports on substance use patterns and trends to identify populations and geographic areas with particular substance abuse problems so that federal resources can be used efficiently.
- Newspaper, television and radio reporters use NHSDA data in their documentaries on substance abuse.
- [The Federal Department of Agriculture](#) has used NHSDA data in publications addressing rural substance abuse.
- [The Federal Department of Transportation](#) uses NHSDA data on driving after alcohol and illicit drug use.

Left sidebar navigation:

- [Project Description](#)
 - [1998 NHSDA Summary of Findings](#)
 - [Who Uses NHSDA Data](#)
- [Frequently Asked Questions](#)
- [Confidentiality](#)
- [About SAMHSA](#)
- [About RTI](#)
- [Employment Information](#)
- [Home](#)

Who Uses NHSDA Data (Cont'd)

The screenshot shows a Microsoft Internet Explorer browser window displaying the homepage of the National Household Survey on Drug Abuse (NHSDA). The browser's address bar shows the URL <http://nhsdaweb.rti.org/>. The page features the SAMHSA and RTI logos on the left. The main content area includes a list of users of NHSDA data, contact information for the webmaster, and several navigation links.

Project Description

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

Frequently Asked Questions

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

- University-based researchers use NHSDA data to conduct research on important substance abuse issues, such as the risk and protective factors associated with substance abuse, personal and societal consequences of substance abuse, impact of policy options for dealing with the substance abuse problem, etc.
- Substance abuse agencies at the state and local level use NHSDA data to assess the potential need for treatment programs and to design programs that fit the needs of populations served.

[Webmaster\(cgj@rti.org\)](mailto:cgj@rti.org)
Last Update: May 30, 2000
URL: <http://nhsdaweb.rti.org/frame/datause.html>

Frequently Asked Questions

The screenshot shows a web browser window titled "National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI". The address bar shows "http://nhsdaweb.rti.org/". The page content includes the SAMHSA and RTI logos, a navigation menu on the left, and a main section titled "NHSDA—Frequently Asked Questions".

NHSDA—Frequently Asked Questions

- [What is the National Household Survey on Drug Abuse?](#)
- [What is the Substance Abuse and Mental Health Services Administration?](#)
- [How does the government conduct the survey?](#)
- [How are the participants selected?](#)
- [What if a selected individual does not smoke, drink, or use illegal drugs?](#)
- [How is the survey administered?](#)
- [What about confidentiality?](#)
- [What about the Student Certificate of Participation?](#)
- [What happens to the information?](#)
- [How are the data from the survey used?](#)

1. WHAT IS THE NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE (NHSDA)?

The National Household Survey on Drug Abuse (NHSDA) is the Federal government's primary source of national data on the use of alcohol, tobacco, and illicit substances. The survey also contains questions on health, illegal behaviors, and other topics associated with substance use. Initiated in 1971, the NHSDA is currently conducted on an annual basis.

Beginning in 1999, the design of the NHSDA was expanded to allow researchers to not only provide national usage estimates, as in prior years, but state level estimates as well. This year approximately 70,000 individuals throughout the country, 12 years old and older, are being randomly selected and asked to voluntarily participate.

The primary objectives of the NHSDA are to:

- collect timely data on the magnitude and patterns of alcohol, tobacco, and illegal substance use and abuse,
- assess the consequences of substance use and abuse, and

Frequently Asked Questions (Cont'd)

• identify those groups at high risk for substance use and abuse.

2. WHAT IS THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)?

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the United States Department of Health and Human Services (DHHS). Created in 1992, SAMHSA provides leadership and a Federal focus for the nation's mental health and substance abuse treatment and prevention programs. The NHSDA helps facilitate this mission by monitoring the nature and extent of substance use in the United States, as well as the consequences of this use.

3. HOW DOES THE GOVERNMENT CONDUCT THE SURVEY?

Under a competitive bidding process, SAMHSA selects a survey research organization to administer the NHSDA. Currently, Research Triangle Institute (RTI) is under contract to conduct the 1999-2003 NHSDA. RTI, located in Research Triangle Park, North Carolina, and closely associated with the University of North Carolina, Duke University, and North Carolina State University, is a large, experienced research organization that has successfully conducted the NHSDA since 1988.

4. HOW ARE THE PARTICIPANTS SELECTED?

RTI draws a scientific random sample of households throughout the United States, and a professional field representative makes a personal visit to each household. Once picked, no other household can be substituted for any reason. Residents of these households may be asked to voluntarily participate in the survey. If an individual is selected, no other person can be substituted.

Since the survey is based on a random sample, each selected individual represents approximately 3,000 other United States residents.

Project Description

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

Frequently Asked Questions (Cont'd)

5. WHAT IF A SELECTED INDIVIDUAL DOES NOT SMOKE, DRINK, OR USE ILLEGAL DRUGS?

In order to know the percentage of people who do use these substances, we also have to know how many people do not. Therefore, the responses of people who do not use drugs are just as important as those of people who do. A participant need not know anything about drugs to answer the questions.

6. HOW IS THE SURVEY ADMINISTERED?

NHSDA data are collected using a computerized questionnaire administered in the privacy of the participant's home by a professional field interviewer who personally visits each selected household. Most responses are answered privately by the participant, although the interviewer reads and enters the responses to some questions. The survey takes approximately one hour to complete.

7. WHAT ABOUT CONFIDENTIALITY?

Both SAMHSA and RTI are committed to assuring complete confidentiality and anonymity of responses. Our interest is only in the combination of all responses nationwide—not anyone's individual answers. Participants' names are never recorded or associated with their answers. In fact, the Federal Government has issued a Confidentiality Certificate to the researchers who are conducting this study, which authorizes us to protect the privacy of individuals who are subjects of this study.

For more on "Confidentiality", click [here](#).

8. WHAT ABOUT THE STUDENT CERTIFICATE OF PARTICIPATION?

Due to the importance of the study and the relevance of the subject matter, youth may be able to receive school or community service credit for their participation. Students who complete the questionnaire can receive a Certificate of Participation to confirm their participation in the NHSDA. It is the student's responsibility to initiate a request for the credit. RTI has not made any advance arrangements with any school in the nation.

Frequently Asked Questions (Cont'd)

9. WHAT HAPPENS TO THE INFORMATION?

Each interview datafile—identified only by a code number—is electronically transmitted to RTI on the same day the interview is conducted. Combined with all other participants' answers, the data are then coded, totaled, and turned into statistics for analysis. As a quality-control measure, participants may receive a telephone call or a letter from RTI to verify that the interviewer completed the survey with them.

10. HOW ARE THE DATA FROM THE SURVEY USED?

Many government agencies, private organizations, individual researchers, and the public at large use the data for a number of purposes. For example, the United States Public Health Service and state health agencies use the data to estimate the need for drug treatment facilities. Other Federal, state, and local agencies use the information to support their drug use prevention programs and to monitor drug control strategies.

For a list of who uses NHSDA data, click [here](#).

For more information, contact one of the individuals listed below.

<u>SAMHSA Contact</u>	<u>RTI Contact</u>
------------------------------	---------------------------

The screenshot also shows a left-hand navigation menu with links for: Project Description (including 1998 NHSDA Summary of Findings and Who Uses NHSDA Data), Confidentiality, About SAMHSA, About RTI, Employment Information, and Home. The browser title is "National Household Survey on Drug Abuse (NHSDA) - Homepage" and the address bar shows "http://nhstdaweb.rti.org/".

Confidentiality

The screenshot shows a web browser window titled "National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI". The address bar shows "http://nhsdaweb.rti.org/". The page content includes the SAMHSA and RTI logos, a "Project Description" section with links to "1998 NHSDA Summary of Findings" and "Who Uses NHSDA Data", a "Frequently Asked Questions" section, and a "Confidentiality" section. The "Confidentiality" section contains three numbered questions and their corresponding answers regarding the confidentiality of responses to the NHSDA survey.

NHSDA—Confidentiality

Both SAMHSA and RTI are committed to assuring the complete confidentiality of responses to the National Household Survey on Drug Abuse (NHSDA). We are only interested in the combination of all responses nationwide—not in any one individual's answers. For that reason we never record participants' names or associate answers with actual addresses. All data that respondents provide to us is kept completely confidential and is used only when combined with other answers to help us see the "big picture" of patterns of tobacco, alcohol and drug use in this country.

- 1. What rights do I have as a survey respondent on the NHSDA? Is confidentiality a "right"?**

RTI takes great precautions to ensure that all its surveys, including the NHSDA, uphold the rights of the respondents. Like other research studies that RTI conducts involving human subjects, the NHSDA was reviewed by one of RTI's Institutional Review Boards (IRBs) before we started interviewing people. The IRB reviews the study's protocol following guidelines from the National Institute of Health's Office for Protection from Research Risks. This means that in addition to protecting confidentiality, we also protect every respondent's right to informed consent, right to accurate representation of the study, right to refuse, and right to privacy. Confidentiality is considered a crucial part of the right to privacy and is explicitly upheld for our survey.
- 2. What must RTI tell respondents about the confidentiality of responses before they agree to participate?**

When a field interviewer comes to your door to ask you to participate in the study, he or she is required to provide you with a Statement of Confidentiality outlining your rights as a survey respondent should you choose to participate. Among these rights, one of the most important is the right of privacy, which protects respondents' identities and any data they provide as part of the survey. This means that RTI will not release any personally identifying information about its participants. In fact, we don't even collect names from interview respondents, and we keep the address, verification, and interview information completely separate so that these cannot be used to connect the responses with the address.
- 3. How does RTI protect respondents' confidentiality on the NHSDA?**

Confidentiality (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links


SAMHSA
RTI

[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

We are one of a very few organizations to whom the Federal Government has issued a Federal Confidentiality Certificate pursuant to section 301(d) of the Public Health Service Act. This Confidentiality Certificate authorizes all the RTI researchers on this project to protect the privacy of individuals who participate in this study by withholding any identifying characteristics from anyone not connected with this study. It means that researchers cannot be compelled to identify respondents in any civil, criminal, administrative, legislative or other proceeding.

[Confidentiality Certificate](#)

4. *Does RTI require that interviewers and other researchers sign a written statement to protect the confidentiality of data obtained from survey respondents?*

We do. In addition to the Federal Confidentiality Certificate, which applies to all project personnel from Field Interviewers to the Project Director, we also require that all researchers sign a Confidentiality Agreement and all Field Interviewers sign a Data Collection Agreement. In signing these forms, each staff member personally pledges to uphold the confidentiality of all data they collect, process, or analyze. Under the Privacy Act [5 U.S.C. 552a(i)], any violation of the agreement would make the individual subject to criminal penalties. Failure to protect a respondent's confidentiality also would mean immediate termination for that staff member. RTI takes this very seriously—the Institute's reputation would be at risk if there were ever a breach of confidentiality.

5. *Has anyone ever tried to obtain confidential data from the NHSDA (such as subpoenaing an individual's answers on a court case)?*

No, there have been no instances of attempts to obtain any confidential data that RTI has collected in any study, including the years since RTI began collecting data for the NHSDA in 1988.

Done Internet

Confidentiality (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links


SAMHSA
RTI

[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

For more information, contact one of the individuals listed below.

[SAMHSA Contact](#) [RTI Contact](#)

[Webmaster\(cgi@rti.org\)](mailto:Webmaster(cgi@rti.org))
Last Update: May 30, 2000
URL: <http://nhsdaweb.rti.org/frame/confidentiality.html>

Done Internet

About SAMHSA

NHSDA—About SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) is an agency of the United States Department of Health and Human Services (DHHS). Created in 1992, SAMHSA provides leadership and a Federal focus for the Nation's mental health and substance abuse treatment and prevention programs. The NHSDA helps facilitate this mission by monitoring the nature and extent of substance use in the United States, as well as the consequences of this use.

Additional Information

For additional information about SAMHSA, visit SAMHSA's Web site, located at <http://www.samhsa.gov>.

For more information on NHSDA, contact SAMHSA'S Project Director, _____, at the address shown below.

Webmaster (cgj@rti.org)
Last Update: May 30, 2000
URL: http://nhsdaweb.rti.org/frame/about_samhsa.html

Project Description

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

Frequently Asked Questions

Confidentiality

About SAMHSA

About RTI

Employment Information

Home

About RTI

NHSDA—About RTI

SAMHSA
RTI

Project Description

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

Frequently Asked Questions

Confidentiality

About SAMHSA

About RTI

Employment Information

Home

Additional Information

For additional information on RTI, visit its Web site at <http://www.rti.org>.

For more information on RTI and its role in NHSDA, contact the NHSDA Project Director, _____ at the address below.

[Webmaster \(cgi@rti.org\)](mailto:cgi@rti.org)
Last Update: May 30, 2000
URL: http://nhsdaweb.rti.org/frame/about_rti.html

Employment Information

The screenshot shows a web browser window titled "National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI". The address bar shows "http://nhsdaweb.rti.org/". The page content includes the SAMHSA and RTI logos, a navigation menu on the left, and the main text area with the heading "NHSDA—Employment Information".

NHSDA—Employment Information

A variety of opportunities exist for employment on the NHSDA.

If you are interested in survey research work (or other research positions) with Research Triangle Institute, visit the [RTI website](http://www.rti.org) (www.rti.org) to view the current job openings for Research Triangle Park, North Carolina (the NHSDA headquarters) and other RTI locations throughout the world.

If you are interested in work on the NHSDA field data collection staff dispersed throughout the nation, we welcome your interest.

- Field interviewers typically work 20-25 hours per week, contacting specific households in assigned areas to obtain participation and complete the computerized NHSDA interview with selected individuals. Opportunities for traveling assignments around the country exist to those staff who complete high quality work in a timely, cost-effective manner.
- Field supervisors are full-time employees, charged with supervising 10-18 field interviewers. Supervisors have frequent contact with interviewers, and complete considerable work on the project's state-of-the-art Web-based reporting system.

For NHSDA field staff positions, please complete the Personal Data Sheet below filling in all fields that apply to you in the correct format. Then, submit the data to Research Triangle Institute for consideration. You may be contacted by local supervisors regarding your interest and any openings in your area.

*** indicates required fields**
*** JavaScript must be enabled on your browser to complete this form. ***

*** Please select the position(s) you are applying for:**

Navigation menu on the left:
[Project Description](#)
• [1998 NHSDA Summary of Findings](#)
• [Who Uses NHSDA Data](#)
[Frequently Asked Questions](#)
[Confidentiality](#)
[About SAMHSA](#)
[About RTI](#)
[Employment Information](#)
[Home](#)

Employment Information (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links



[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

* Please select the position(s) you are applying for:

If you were referred to this Website by, or have been in contact with, a field supervisor, please enter that person's name here.

A. Contact Data

* Today's Date:

* Social Security Number(xxx-xx-xxxx):

Name:

* Last Name

* First Name Middle Initials

Mailing Address:

* Street Address
(Include your apartment number)

* City * State

* Zip Code * County

Federal Express Address(if different from above):

Street Address
(Include your apartment number)

City State

Done Internet

Employment Information (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links



[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

City State

Zip Code County

* Home Telephone Number('xxx xxx-xxxx'):

Other Telephone Number('xxx xxx-xxxx'):

Fax Number('xxx xxx-xxxx'):

E-mail address:

* Name and Telephone Number('xxx xxx-xxxx') of person to contact, in case of emergency:

B. Education

* Highest Educational Level Attained:

C. Skills

* Would you be able to conduct an interview in Spanish? yes no

* Would you be able to conduct an interview in any other foreign language(s)?
 yes no

Done Internet

Employment Information (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links



SAMHSA
RTI

[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

If yes, please specify the language(s):

• **Have you ever worked as a supervisor managing other personnel?**

yes no

If yes, what is the maximum number of personnel you supervised:

On how many studies have you supervised:

D. Experience

• **How many years have you been doing survey interviewing?**

Never Up to 1 1-2 2-5 5-10 10+

In which of the following are you experienced as a data collector or field staff supervisor?

A. Household surveys--face to face interviews:

B. Institution-BASED surveys(i.e., nursing homes, hospitals, clinics, schools, etc.):

C. Medical record/death certificate abstractions:

D. Other record abstractions:

E.

Done Internet

Employment Information (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links



[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

E. Listing area segments:

F. Computer-Assisted Personal Interviewing:

G. CATI or other telephone interviewing:

H. Surveys using household or personal environmental monitoring devices:

I. Physical measurements/specimen collections:

J. Field reporting with a microcomputer:

K. Communicating with field staff or central office staff by electronic mail:

L. Use of web-based data collection or information management systems:

M. Use of internet:

* Have you ever worked for Research Triangle Institute? yes no
If YES, indicate the year last worked, the project number or name (or description), and your supervisor's name.

Year Project Name

Supervisor

E. References

Done Internet

Employment Information (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links



SAMHSA
RTI

Project Description

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

Frequently Asked Questions

Confidentiality

About SAMHSA

About RTI

Employment Information

Home

E. References

Supply the following information for up to three employment references.

1. * Employer Name

* City

* State

* Position

* Supervisor

* Phone Number (xxxx xxx-xxxx + extension)

* Date last worked for employer (mm/dd/yyyy)

(If you are presently employed, please enter today's date.)

2. Employer Name

City

State

Position

Supervisor

Done Internet

Employment Information (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links



SAMHSA
RTI

[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

Supervisor

Phone Number ('xxx xxx-xxxx' + extension)

Date last worked for employer ('mm/dd/yyyy')
(If you are presently employed, please enter today's date.)

3. Employer Name

City

State

Position

Supervisor

Phone Number ('xxx xxx-xxxx' + extension)

Date last worked for employer ('mm/dd/yyyy')
(If you are presently employed, please enter today's date.)

F. Comments

Please include any other job-related information or comments you wish to make.

Employment Information (Cont'd)

The screenshot shows a Microsoft Internet Explorer browser window displaying the National Household Survey on Drug Abuse (NHSDA) homepage. The browser's address bar shows the URL <http://nhsdaweb.ri.org/>. The page features the SAMHSA and RTI logos on the left side. A navigation menu includes links for Project Description, Frequently Asked Questions, Confidentiality, About SAMHSA, About RTI, Employment Information, and Home. The main content area is titled "Please include any other job-related information or comments you wish to make." and contains a large empty text box. Below this is a section titled "G. Certification" with the following text: "I hereby certify that all the information provided on this Personal Data Sheet is true and agree that any willful misstatement or omission may be cause for dismissal, if employed. I authorize Research Triangle Institute, as the sponsoring organization, to contact all sources necessary to verify this information." and "By entering my name in the 'Signature' box and submitting this information, I agree to the terms stated above." At the bottom of the certification section is a label "* Signature:" followed by an empty text input field.

Project Description

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

Frequently Asked Questions

Confidentiality

About SAMHSA

About RTI

Employment Information

Home

Please include any other job-related information or comments you wish to make.

G. Certification

I hereby certify that all the information provided on this Personal Data Sheet is true and agree that any willful misstatement or omission may be cause for dismissal, if employed. I authorize Research Triangle Institute, as the sponsoring organization, to contact all sources necessary to verify this information.

By entering my name in the "Signature" box and submitting this information, I agree to the terms stated above.

* Signature:

Employment Information (Cont'd)

National Household Survey on Drug Abuse (NHSDA) - Homepage - Microsoft Internet Explorer provided by RTI

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address <http://nhsdaweb.rti.org/> Go Links Best of the Web Channel Guide Customize Links


SAMHSA
RTI

[Project Description](#)

- [1998 NHSDA Summary of Findings](#)
- [Who Uses NHSDA Data](#)

[Frequently Asked Questions](#)

[Confidentiality](#)

[About SAMHSA](#)

[About RTI](#)

[Employment Information](#)

[Home](#)

G. Certification

I hereby certify that all the information provided on this Personal Data Sheet is true and agree that any willful misstatement or omission may be cause for dismissal, if employed. I authorize Research Triangle Institute, as the sponsoring organization, to contact all sources necessary to verify this information.

By entering my name in the "Signature" box and submitting this information, I agree to the terms stated above.

* Signature:

Once you are *SURE* that you have completed all fields pertaining to you, click submit *ONCE* and wait.

[Webmaster \(cgi@rti.org\)](mailto:cgi@rti.org)
Last Update: May 30, 2000
URL: <http://nhsdaweb.rti.org/pds/pds.cfm>

Done Internet

Appendix E

2000 NHSDA GUIDE TO Pronunciations

2000 NHSDA Guide to Pronunciations

Brands of Tobacco:

Antonio y Cleopatra	an- toe -nee-o ee clee -o- pah -tra
Capri	ca- pree
Casa Silva	kah -sah sil -vah
Copenhagen	kope -en-hay-gun
Cuesta-Rey	kwes -ta ray
Doral	door- al
El Producto	ell pro- duck -to
Garcia y Vega	gar- see -ah ee vay -gah
Havatampa	hav-ah- tam -pah
La Corona	la kah- rone -ah
Macanudos	mack-a- noo -doze
Partagas	par- tay -gahs
Rigoletto	rig-o- let -o
Tijuana Smalls	tee -ya-wan-ah smalls
Viceroy	vice -a-roy

Alcoholic Beverages:

Cassis	kah- sees
Cognac	kon -yak
Creme de menthe	krem -duh-menth
Drambuie	dram- boo -ee
Grand Marnier	grand marn-nee- ay
Kahlua	kah- loo -ah
Lager	lah -gur
Liqueurs	li- koors
Muscadine	mus -ka-dine
Schnapps	shnops
Scuppernong	skupp -er-nong
Vermouth	ver- mooth

Illicit Drugs:

Hallucinogen	ha- loo -sin-oh-jin
Hashish	hash -eesh
Heroin	hair -roh-in
Marijuana	mare -ah- wan -ah
Mescaline	mess -ka-lin
Peyote	pay- yo -tee
Phencyclidine	fen- sigh -kluh-deen
Psilocybin	sill -oh- sigh -bin

Inhalants:

Aerosol spray	air-uh-sol spray
Amyl Nitrite	am-mill nigh-trite
Anesthetic	an-ness-thet-ick
Ether	ee-thur
Halothane	hal-oh-thane
Inhalant	in-hay-lunt
Lacquer thinner	lack-er thin-ner
Nitrous oxide	nigh-truss ock-side
Toluene	tall-yoo-een
Whippets	whip-ets

Prescription Pain Relievers:

Analgesic	an-nul-jee-zick
Darvocet	dar-voh-set
Darvon	dar-von
Demerol	dem-er-all
Dilaudid	dye-law-did
Fioricet	fee-or-i-set
Fiorinal	fee-or-i-nall
Hydrocodone	high-dro-koh-done
Lorcet	lore-set
Lortab	lore-tab
Methadone	meth-uh-done
Morphine	more-feen
Opiates	oh-pee-yuts
Oxycontin	ock-see-con-tin
Percocet	per-koh-set
Percodan	per-koh-dan
Phenaphen with Codeine	fen-a-fen with koh-deen
Propoxyphene	pro-pocks-i-feen
Stadol	stay-doll
Talacen	tal-uh-sin
Talwin	tall-win
Tramadol	tram-uh-doll
Tylenol with Codeine	tie-luh-nall with koh-deen
Tylox	tie-locks
Ultram	ul-trum
Vicodin	vigh-kuh-din

Prescription Tranquilizers:

Alprazolam	al- pra -zoe-lam
Atarax	at -uh-racks
Ativan	at -uh-van
BuSpar	byoo -spar
Clonazepam	kluh- na -zuh-pam
Diazepam	die- az -uh-pam
Equanil	eh -kwuh-nill
Flexeril	fleck -suh-rill
Klonopin	klaw -nuh-pin
Librium	lib -ree-um
Limbitrol	lim -bi-trall
Lorazepam	luh- raz -uh-pam
Meprobamate	meh -pro- bam -ate
Rohypnol	roh- hip -nall
Serax	seer -racks
Soma	so -muh
Tranquilizer	trang -kwuh-lie-zer
Tranxene	tran -zeen
Valium	val -ee-um
Vistaril	vis -tah-rill
Xanax	zan -acks

Prescription Stimulants:

Amphetamines	am- fet -uh-meens
Benzedrine	ben -zah-dreen
Biphedamine	bye- fet -uh-meen
Cylert	sigh -lert
Desoxyn	deh- zocks -in
Dexamyl	decks -uh-mill
Dexedrine	decks -uh-dreen
Dextroamphetamine	decks -tro-am- fet -uh-meen
Didrex	die -drecks
Eskatrol	ess -kah-troll
Fastin	fass -tin
Ionamin	eye- own -uh-min
Mazanor	maz -uh-nor
Methamphetamine	meth -am- fet -uh-meen
Methedrine	meth -uh-dreen
Methylphenidate	meth -ill- fen -i-date
Obedrin - L.A.	o- bed -rin - L.A.
Phentermine	fen -ter-meen
Plegine	pleh- zjeen
Preludin	pray- loo -din

Ritalin	rit -uh-lin
Sanorex	san -uh-recks
Stimulant	stim -yoo-lunt
Tenuate	ten -you-ate

Prescription Sedatives:

Amytal	am -ih-tall
Barbiturates	bar- bit -chyoo-ruts or bar- bi -choo-its
Butalbital	byoo- tal -bi- tall
Butisol	byoo -ti-zall
Chloral Hydrate	klor -al high -drate
Dalmane	doll -main
Halcion	hal -see-on
Methaqualone	meth- ack -wuh-lone
Nembutal	nem -byoo-tall
Pentobarbital	pen -toe- bar -bi-tall
Phenobarbital	fee -noh- bar -bi-tall
Placidyl	pla -si-dill
Quaalude	kway -lood
Restoril	res -toh-rill
Secobarbital	seh -koh- bar -bi-tall
Seconal	seh -kuh-nall
Sedative	seh -duh-tiv
Sopor	so -pore
Temazepam	tuh- maz -i-pam
Tuinal	two -in-all

Other Words:

CHAMPUS	champ -us
CHAMPVA	champ -vuh or champ -V.A.

Complete alphabetical listing

Aerosol spray	air -uh-sol spray
Alprazolam	al- pra -zoe-lam
Amphetamines	am- fet -uh-meens
Amyl Nitrite	am -mill nigh -trite
Amytal	am -ih-tall
Analgesic	an -nul- jee -zick
Anesthetic	an -ness- thet -ick
Antonio y Cleopatra	an- toe -nee-o ee clee -o- pah -tra
Atarax	at -uh-racks
Ativan	at -uh-van
Barbiturates	bar- bit -chyoo-ruts or bar- bi -choo-its
Benzedrine	ben -zah-dreen
Biphetamine	bye- fet -uh-meen
BuSpar	byoo -spar
Butalbital	byoo- tal -bi- tall
Butisol	byoo -ti-zall
Capri	ca- pree
Casa Silva	kah-sah sil -vah
Cassis	kah- sees
CHAMPUS	champ -us
CHAMPVA	champ -vuh or champ -V.A.
Chloral Hydrate	klor -al high -drate
Clonazepam	kluh- na -zuh-pam
Cognac	kon -yak
Copenhagen	kope -en-hay-gun
Creme de menthe	krem -duh-menth
Cuesta-Rey	kwes -ta ray
Cylert	sigh -lert
Dalmane	doll -main
Darvocet	dar -voh-set
Darvon	dar -von
Demerol	dem -er-all
Desoxyn	deh- zocks -in
Dexamyl	decks -uh-mill
Dexedrine	decks -uh-dreen
Dextroamphetamine	decks -tro-am- fet -uh-meen
Diazepam	die- az -uh-pam
Didrex	die -drecks
Dilaudid	dye- law -did
Doral	door- al
Drambuie	dram- boo -ee
El Producto	ell pro- duck -to

Equanil	eh -kwuh-nill
Eskatrol	ess -kah-troll
Ether	ee -thur
Fastin	fass -tin
Fioricet	fee- or -i-set
Fiorinal	fee- or -i-nall
Flexeril	fleck -suh-rill
Garcia y Vega	gar- see -ah ee vay -gah
Grand Marnier	grand marn-nee- ay
Halcion	hal -see-on
Hallucinogen	ha- loo -sin-oh-jin
Halothane	hal -oh-thane
Hashish	hash -eesh
Havatampa	hav-ah- tam -pah
Heroin	hair -roh-in
Hydrocodone	high -dro- koh -done
Inhalant	in- hay -lunt
Ionamin	eye- own -uh-min
Kahlua	kah- loo -ah
Klonopin	klaw -nuh-pin
La Corona	la kah- rone -ah
Lacquer thinner	lack -er thin -ner
Lager	lah -gur
Librium	lib -ree-um
Limbitrol	lim -bi-trall
Liqueurs	li- koors
Lorazepam	luh- raz -uh-pam
Lorcet	lore -set
Lortab	lore -tab
Macanudos	mack-a- noo -doze
Marijuana	mare -ah- wan -ah
Mazanor	maz -uh-nor
Meprobamate	meh -pro- bam -ate
Mescaline	mess -ka-lin
Methadone	meth -uh-done
Methamphetamine	meth -am- fet -uh-meen
Methaqualone	meth- ack -wuh-lone
Methedrine	meth -uh-dreen
Methylphenidate	meth -ill- fen -i-date
Morphine	more -feen
Muscadine	mus -ka-dine
Nembutal	nem -byoo-tall
Nitrous oxide	nigh -truss ock -side
Obedrin - L.A.	o- bed -rin - L.A.
Opiates	oh -pee-yuts

Oxycontin	ock-see-con-tin
Partagas	par- tay-gahs
Pentobarbital	pen-toe-bar-bi-tall
Percocet	per-koh-set
Percodan	per-koh-dan
Peyote	pay- yo-tee
Phenaphen with Codeine	fen-a-fen with koh-deen
Phencyclidine	fen- sigh-kluh-deen
Phenobarbital	fee-noh-bar-bi-tall
Phentermine	fen-ter-meen
Placidyl	pla-si-dill
Plegine	pleh- zjeen
Preludin	pray- loo-din
Propoxyphene	pro- pocks-i-feen
Psilocybin	sill-oh-sigh-bin
Quaalude	kway-lood
Restoril	res-toh-rill
Rigoletto	rig-o- let-o
Ritalin	rit-uh-lin
Rohypnol	roh- hip-nall
Sanorex	san-uh-recks
Schnapps	shnops
Scuppernong	skupp-er-nong
Secobarbital	seh-koh-bar-bi-tall
Seconal	seh-kuh-nall
Sedative	seh-duh-tiv
Serax	seer-racks
Soma	so-muh
Sopor	so-pore
Stadol	stay-doll
Stimulant	stim-yoo-lunt
Talacen	tal-uh-sin
Talwin	tall-win
Temazepam	tuh- maz-i-pam
Tenuate	ten-you-ate
Tijuana Smalls	tee-ya-wan-ah smalls
Toluene	tall-yoo-een
Tramadol	tram-uh-doll
Tranquilizer	trang-kwuh-lie-zer
Tranxene	tran-zeen
Tuinal	two-in-all
Tylenol with Codeine	tie-luh-nall with koh-deen
Tylox	tie-locks
Ultram	ul-trum
Valium	val-ee-um

Vermouth	ver- mooth
Viceroy	vice -a-roy
Vicodin	vigh -kuh-din
Vistaril	vis -tah-rill
Whippets	whip -ets
Xanax	zan -acks

Appendix F

Occupation Coding Sample Pages

(These example pages from the actual coding book illustrate the details required for coding staff to accurately classify responses.)

Occupation Coding Sample Pages

Equivalent numeric codes follow the alphabetic code. Either code may be used, depending on the processing method. Numbers in parentheses following the occupation categories are the 1977 Standard Occupational Classification code equivalents. The abbreviation "pt" means "part" and "n.e.c." means "not elsewhere classified."

Occupation Code	Occupation Category	Occupation Code	Occupation Category
	MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS		Engineers, surveyors and mapping scientists
	<u>Executive, Administrative, and Managerial Occupations</u>	044	Aerospace engineers (1622)
		045	Metallurgical and materials engineers (1623)
		046	Mining engineers (1624)
		047	Petroleum engineers (1625)
		048	Chemical engineers (1626)
003	Legislators (112)	049	Nuclear engineers (1627)
004	Chief executives and general administrators, public administration (111)	053	Civil engineers (1628)
005	Administrators and officials, public administration (pt 113 and 199, except 1136)	054	Agricultural engineers (1632)
006	Administrators, protective services (pt 113)	055	Electrical and electronic engineers (1633, 1636)
007	Financial managers (122)	056	Industrial engineers (1634)
008	Personnel and labor relations managers (123)	057	Mechanical engineers (1635)
009	Purchasing managers (124)	058	Marine engineers and naval architects (1637)
013	Managers; marketing, advertising, and public relations (125)	059	Engineers, n.e.c. (1639)
014	Administrators, education and related fields (128)	063	Surveyors and mapping scientists (1642)
015	Managers, medicine and health (131)		Mathematical and computer scientists
016	Managers, properties and real estate (1353)	064	Computer systems analysts and scientists (171)
017	Postmasters and mail superintendents (1344)	065	Operations and systems researchers and analysts (172)
018	Funeral directors (pt 1359)	066	Actuaries (1732)
019	Managers and administrators, n.e.c. (1136, 121, 126, 127, 132-139, except 1344, 1353, pt 1359)	067	Statisticians (1733)
	Management related occupations	068	Mathematical scientists, n.e.c. (1739)
023	Accountants and auditors (1412)		Natural Scientists
024	Underwriters (pt 1419)	069	Physicists and astronomers (1842, 1843)
025	Other financial officers (pt 1419)	073	Chemists, except biochemists (1845)
026	Management analysts (142)	074	Atmospheric and space scientists (1846)
027	Personnel, training, and labor relations specialists (143)	075	Geologists and geodesists (1847)
028	Purchasing agents and buyers, farm products (pt 144)	076	Physical scientists, n.e.c. (1849)
029	Buyers, wholesale and retail trade, except farm products (432)	077	Agricultural and food scientists (1853)
033	Purchasing agents and buyers, n.e.c. (pt 144)	078	Biological and life scientists (1854, 1854)
034	Business and promotion agents (145)	079	Forestry and conservation scientists (1852)
035	Construction inspectors (1171, 613)	083	Medical scientists (1855)
036	Inspectors and compliance officers, exc. construction (1172, 147)		Health diagnosing occupations
037	Management related occupations, n.e.c. (149)	084	Physicians (261)
	<u>Professional Specialty Occupations</u>	085	Dentists (262)
043	Architects (15)	086	Veterinarians
		087	Optometrists (27)
		088	Podiatrists (283)
		089	Health diagnosing practitioners, n.e.c. (289)
			Health assessment and treating occupations
		095	Registered nurses (29)
		096	Pharmacists (301)
		097	Dietitians (302)

Occupation Code	Occupation Category	Occupation Code	Occupation Category
	Therapists		Social, recreation, and religious workers
098	Inhalation therapists (pt 303)	174	Social workers (2032)
099	Occupational therapists (pt 303)	175	Recreation workers (2033)
103	Physical therapists (pt 303)	176	Clergy (2042)
104	Speech therapists (pt 303)	177	Religious workers, n.e.c. (2049)
105	Therapists, n.e.c. (pt 303)		Lawyers and judges
106	Physicians' assistants (304)	178	Lawyers (211)
	Teachers, postsecondary	179	Judges (212)
113	Earth, environmental, and marine science teachers (2212)		Writers, artists, entertainers, and athletes
114	Biological science teachers (2213)	183	Authors (pt 321)
115	Chemistry teachers (2214)	184	Technical writers (pt 321)
116	Physics teachers (2215)	185	Designers (322)
117	Natural science teachers, n.e.c. (2216)	186	Musicians and composers (323)
118	Psychology teachers (2217)	187	Actors and directors (324)
119	Economics teachers (2218)	188	Painters, sculptors, craft-artists, and artist printmakers (325, pt 7263)
123	History teachers (2222)	189	Photographers (326)
124	Political science teachers (2223)	193	Dancers (327)
125	Sociology teachers (2224)	194	Artists, performers, and related workers, n.e.c. (328, 329)
126	Social science teachers, n.e.c. (2225)		195
127	Engineering teachers (2226)		Editors and reporters (331)
128	Mathematical science teachers (2227)		197
129	Computer science teachers (2228)		Public relations specialists (332)
133	Medical science teachers (pt 2232)		198
134	Health specialties teachers (pt 2232)		Announcers (333)
135	Business, commerce, and marketing teachers (2233)		199
			Athletes (34)
			TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS
			<u>Technicians and Related Support Occupations</u>
			Health technologists and technicians
136	Agriculture and forestry teachers (2234)		Clinical laboratory and technologists (362)
137	Art, drama, and music teachers (2235)	203	Dental hygienists (363)
138	Physical education teachers (2236)	204	Health record technologists and technicians (364)
139	Education teachers (2238)	205	Radiologic technicians (365)
143	English teachers (2238)	206	Licensed practical nurses (366)
144	Foreign language teachers (2242)	207	Health technologists and technicians, n.e.c. (369)
145	Law teachers (2243)	208	Technologists and technicians, except health Engineering and related technologists and technicians
146	Social work teachers (2244)		213
147	Theology teachers (2245)		Electrical and electronic technicians (3711)
148	Trade and industrial teachers (2246)		214
149	Home economics teachers (pt 2249)		Industrial engineering technicians (3712)
153	Teachers, postsecondary, n.e.c. (pt 2249)		215
154	Postsecondary teachers, subject not specified		Mechanical engineering technicians (3713)
	Teachers, except postsecondary		216
155	Teachers, prekindergarten and kindergarten (231)		Engineering technicians, n.e.c. (3719)
N (156)	Teachers, elementary school (232)		217
P (157)	Teachers, secondary school (233)		Drafting occupations (3721)
158	Teachers, special education (235)		218
159	Teachers, n.e.c. (234, 239)		Surveying and mapping technicians (3722)
163	Counselors, educational and vocation (24)		Science technicians
	Librarians, archivists, and curators		223
164	Librarians (251)		Biological technicians (382)
165	Archivists and curators (252)		224
	Social scientists and urban planners		Chemical technicians (3831)
166	Economists (1912)		225
167	Psychologists (1915)		Science technicians, n.e.c. (3832, 3833, 384, 389)
168	Sociologists (1916)		Technicians, except health, engineering, and science
169	Social scientists, n.e.c. (1913, 1914, 1919)		
173	Urban planners (192)		

Occupation Code	Occupation Category	Occupation Code	Occupation Category
226	Airplane pilots and navigators (645)		
227	Air traffic controllers (391)		
228	Broadcast equipment operators (392)		
229	Computer programmers (3931, 3932)		
233	Tool programmers, numerical control (3934)		
234	Legal assistants (396)		
235	Technicians, n.e.c. (399)		
	<u>Sales Occupations</u>		
243	Supervisors and proprietors, sales occupations (40, pt 4518)		
	Sales occupations, business goods and services		
253	Insurance sales occupations (4222)		
254	Real estate sales occupations (4223)		
255	Securities and financial services sales occupations (4224)		
256	Advertising and related sales occupations (4253)		
257	Sales occupations, other business services (4252)		
258	Sales engineers (pt 16)		
259	Sales representatives, mining, manufacturing, and wholesale (412, 413)		
	Sales occupations, personal goods and services		
263	Sales workers, motor vehicles and boats (4142, 4144)		
264	Sales workers, apparel (pt 4146)		
265	Sales workers, shoes (pt 4146)		
266	Sales workers, furniture and home furnishings (4148)		
267	Sales workers' radio, television, hi-fi, and appliances (4143, 4152)		
268	Sales workers, hardware and building supplies (4153)		
269	Sales workers, parts (4167)		
274	Sales workers, other commodities (4145, 4147, 4154, 4156, 4159, pt 4162, 4169, 4259, 4665)		
275	Sales counter clerks (pt 4162)		
Q (276)	Cashiers (4683)		
277	Street and door-to-door sales workers (4163)		
278	News vendors (4165)		
	Sales related occupations		
283	Demonstrators, promoters and models, sales (435)		
284	Auctioneers (pt 439)		
285	Sales support occupations, n.e.c (434, 436, pt 439)		
	<u>Administrative Support Occupations, Including Clerical</u>		
			Supervisors, administrative support occupations
		303	Supervisors, general office (4511-4514, 4516, pt 4518, 4519, 4529, 4537)
		304	Supervisors, computer equipment operators (4535)
		305	Supervisors, financial records processing (4521, 4536)
		306	Chief communications operators (4515)
		307	Supervisors; distribution, scheduling, and adjusting clerks (4522-4528)
			Computer equipment operators
		308	Computer operators (4852)
		309	Peripheral equipment operators (4853)
			Secretaries, stenographers, and typists
		R (313)	Secretaries (4612)
		314	Stenographers (4613)
		315	Typists (4622)
			Information clerks
		316	Interviewers (4642)
		317	Hotel clerks (4643)
		318	Transportation ticket and reservation agents (4644)
		319	Receptionists (4645)
		323	Information clerks, n.e.c. (4649)
			Records processing occupations, except financial
		325	Classified-ad clerks (4662)
		326	Correspondence clerks (4663)
		327	Order clerks (4664)
		328	Personnel clerks, except payroll and timekeeping (4692)
		329	Library clerks (4694)
		335	File clerks (4696)
		336	Records clerks (4693, 4699)
			Financial records processing occupations
		S (337)	Bookkeepers, accounting and auditing clerks (4712)
		338	Payroll and timekeeping clerks (4713)
		339	Billing clerks (4715)
		343	Cost and rate clerks (4716)
		344	Billing, posting, and calculating machine operators (486)
			Duplicating, mail and other office machine operators
		345	Duplicating machine operators (4872)
		346	Mail preparing and paper handling machine operators (4873)
		347	Office machine operators, n.e.c. (4879)
			Communications equipment operators
		348	Telephone operators (4652)
		349	Telegraphers (4623)
		353	Communications equipment operators, n.e.c. (4659)
			Mail and message distributing occupations
		354	Postal clerks, exc. mail carriers (4723)

Occupation Code	Occupation Category	Occupation Code	Occupation Category
355	Mail carriers, postal service (4733)	423	Sheriffs, bailiffs, and other law enforcement officers (5124)
356	Mail clerks, exc. postal service (4722)	424	Correctional institution officers (5133)
357	Messengers (4732)		Guards
	Material recording, scheduling, and distributing clerks, n.e.c.	425	Crossing guards (5132)
359	Dispatchers (4741)	426	Guards and police, exc. public service (5134)
363	Production Coordinators (4742)	427	Protective service occupations, n.e.c. (5139)
364	Traffic, shipping, and receiving clerks (4743)		<u>Service Occupations, Except Protective and Private Household</u>
365	Stock and inventory clerks (4744)		
366	Meter readers (4745)		
368	Weighers, measurers, and checkers (4746)		Food preparation and service occupations
369	Samplers (4747)	433	Supervisors, food preparation and service occupations (5021)
373	Expediters (4748)	434	Bartenders (5121)
374	Material recording, scheduling, and distributing clerks, n.e.c. (4749)	U (435)	Waiters and waitresses (5213)
	Adjusters and investigators	436	Cooks, except short order (5214)
375	Insurance adjusters, examiners, and investigators (4782)	437	Short-order cooks (5215)
376	Investigators and adjusters, except insurance (4783)	438	Food counter, fountain and related occupations (5216)
377	Eligibility clerks, social welfare (4784)	439	Kitchen workers, food preparation (5217)
378	Bill and account collectors (4786)	443	Waiters'/waitresses' assistants (5218)
	Miscellaneous administrative support occupations	444	Miscellaneous food preparation occupations (5219)
379	General office clerks (4632)		Health service occupations
383	Bank tellers (4682)	445	Dental assistants (5232)
384	Proofreaders (4792)	446	Health aides, except nursing (5233)
385	Data-entry keyers (4624)	447	Nursing aides, orderlies, and attendants (5236)
386	Statistical clerks (4717)		Cleaning and building service occupations, except private household
387	Teachers' aides (4695)	448	Supervisors, cleaning and building service workers (5024)
389	Administrative support occupations, n.e.c. (4787, 4799)	449	Maids and housemen (5242, 5249)
	SERVICE OCCUPATIONS	V (453)	Janitors and cleaners (5244)
	<u>Private Household Occupations</u>	454	Elevator operators (5245)
403	Launderers and ironers (533)	455	Pest control operations (5246)
404	Cookers, private household (534)		Personal service occupations
405	Housekeepers and butlers (535)	456	Supervisors, personal service occupations (5025)
406	Child care workers, private household (536)	457	Barbers (5251)
T (407)	Private household cleaners and servants (532, 537, 539)	458	Hairdressers and cosmetologists (5252)
	<u>Protective Service Occupations</u>	459	Attendants, amusement and recreation facilities (5253)
	Supervisors, protective service occupations	463	Guides (5254)
413	Supervisors, firefighting and fire prevention occupations (5011)	464	Ushers (5255)
414	Supervisors, police and detectives (5012)	465	Public transportation attendants (5256)
415	Supervisors, guards (5013)	466	Baggage porters and bellhops (5258)
	Firefighting and fire prevention occupations	467	Welfare service aides (5262)
416	Fire inspection and fire prevention occupations (5112)	468	Child care workers, except private household (5263)
417	Firefighting occupations (5113)	469	Personal service occupations, n.e.c. (5257, 5269)
	Police and detectives		FARMING, FORESTRY, AND FISHING OCCUPATIONS
418	Police and detectives, public service (5122)		Farm operators and managers
		W (473)	Farmers, except horticultural (5512-5514)

Occupation Code	Occupation Category	Occupation Code	Occupation Category
474	Horticultural specialty farmers (5515)	527	Telephone line installers and repairers (6757)
475	Managers, farms, except horticultural (5522-5524)	529	Telephone installers and repairers (6758)
476	Managers, horticultural specialty farms (5525)	533	Miscellaneous electrical and electronic equipment repairers (6752, 6759)
	Other agricultural and related occupations	534	Heating, airconditioning, and refrigeration mechanics (676)
	Farm occupations, except managerial		
477	Supervisors, farm workers (5611)		Miscellaneous mechanics and repairers
479	Farm workers (5612-5617)	535	Camera, watch, and musical instrument repairers (6771, 6772)
483	Marine life cultivation workers (5618)	536	Locksmiths, and saw repairers (6773)
484	Nursery workers (5619)	538	Office machine repairers (6774)
	Related agricultural occupations	539	Mechanical controls and valve repairers (6775)
485	Supervisors, related agricultural occupations (5621)	543	Elevator installers and repairers (6776)
486	Groundskeepers and gardeners, except farm (5622)	544	Millwrights (6778)
487	Animal caretakers, except farm (5624)	547	Specified mechanics and repairers, n.e.c. (6777, 6779)
488	Graders and sorters, agricultural products (5625)	549	Not specified mechanics and repairers
489	Inspectors, agricultural products (5627)		Construction trades
	Forestry and logging occupations		
494	Supervisors, forestry and logging workers (571)		Supervisors, construction occupations
495	Forestry workers, except logging (572)	553	Supervisors; brickmasons, stonemasons, and tile setters (6012)
496	Timber cutting and logging occupations (573, 579)	554	Supervisors, carpenters and related workers (6013)
	Fishers, hunters, and trappers	555	Supervisors; electricians and power transmission installers (6014)
497	Captains and other officers, fishing vessels (582)	556	Supervisors, painters, paperhangers, and plasterers (6015)
498	Fishers (583)	557	Supervisors; plumbers, pipefitters, and steamfitters (6016)
499	Hunters and trappers (584)	558	Supervisors, n.e.c. (6011, 6018)
	PRECISION PRODUCTION, CRAFT, AND REPAIR OCCUPATIONS		Construction trades, except supervisors
	Mechanics and repairers	563	Brickmasons and stonemasons (6112, 6113)
503	Supervisors, mechanics and repairers (66)	564	Brickmason and stonemason apprentices (6112, 6113)
	Mechanics and repairers, except supervisors	565	Tile setters, hard and soft (6114, pt 6162)
	Vehicle and mobile equipment mechanics and repairers	566	Carpet installers (pt 6162)
X (505)	Automobile mechanics (6711)	Y (567)	Carpenters (6122)
506	Automobile mechanic apprentices (pt 6711)	569	Carpenter apprentices (pt 6122)
507	Bus, truck, and stationary engine mechanics (6712)	573	Drywall installers (6124)
508	Aircraft engine mechanics (6713)	575	Electricians (6132)
509	Small engine repairers (6714)	576	Electrician apprentices (pt 6132)
514	Automobile body and related repairers (6715)	577	Electrical power installers and repairers (6133)
515	Aircraft mechanics, exc. engine (6716)	579	Painters, construction and maintenance (6142)
516	Heavy equipment mechanics (6717)	583	Paperhangers (6143)
517	Farm equipment mechanics (6718)	584	Plasterers (6144)
518	Industrial machinery repairers (673)	585	Plumbers, pipefitters, and steamfitters (6150)
519	Machinery maintenance occupations (674)	587	Plumber, pipefitter, and steamfitter apprentices (pt 6150)
	Electrical and electronic equipment repairers	588	Concrete and terrazzo finishers (6163)
523	Electronic repairers, communications and industrial equipment (6751, 6753, 6755)	589	Glaziers (6164)
525	Data processing equipment repairers (6754)	593	Insulation workers (6165)
526	Household appliance and power tool repairers (6756)	594	Paving, surfacing, and tamping equipment operators (6166)
		595	Roofers (6168)

Occupation Code	Occupation Category	Occupation Code	Occupation Category
596	Sheetmetal duct installers (6172)		technicians (7265)
597	Structural metal workers (6172)	679	Bookbinders (pt 7249, pt 7449)
598	Drillers, earth (6174)	683	Electrical and electronic equipment assemblers (7267)
599	Construction trades, n.e.c. (6167, 6175, 6176, 6179)	684	Miscellaneous precision workers (7269)
	<u>Extractive Occupations</u>		Precision food production occupations
613	Supervisors, extractive occupations (602)	686	Butchers and meat cutters (7271)
614	Drillers, oil well (622)	687	Bakers (7272)
615	Explosives workers (623)	688	Food batchmakers (7273, 7279)
616	Mining machine operators (624)		Precision inspectors, testers, and related workers
617	Mining occupations, n.e.c. (626)	689	Inspectors, testers, and graders (7281)
	<u>Precisions production occupations</u>	693	Adjusters and calibrators (7282)
633	Supervisors, production occupations (pt 711, 712)		Plant and system operators
	Precision metal working occupations	694	Water and sewage treatment plant operators (791)
634	Tool and die makers (7211)	695	Power plant operators (pt 793)
635	Tool and die maker apprentices (pt 7211)	696	Stationary engineers (pt 793, 7668)
636	Precision assemblers, metal (7212)	699	Miscellaneous plant and system operators (792, 794, 795, 796)
637	Machinists (7213)		OPERATORS, FABRICATORS, AND LABORERS
639	Machinist apprentices (pt 7213)		<u>Machine Operators, Assemblers, and Inspectors</u>
643	Boilermakers (7214)		Machine operators and tenders, except precision
644	Precision grinders, fitters, and tool sharpeners (7216)		Metalworking and plastic working machine operators
645	Patternmakers and model metal (7217)		Lathe and turning machine set-up operators (7312)
646	Lay-out workers (7221)	703	Lathe and turning machine operators (7512)
647	Precious stones and metals workers (jewelers) (7222, 7266)	704	Milling and planing machine operators (7313, 7513)
649	Engravers, metal (7223)	705	Punching and stamping press machine operators (7314, 7317, 7514, 7517)
653	Sheet metal workers (7224)	706	Rolling machine operators (7316, 7516)
654	Sheet metal worker apprentices (pt 7224)	707	Drilling and boring machine operators (7318, 7518)
655	Miscellaneous precision metal workers (7229)	708	Grinding, abrading, buffing, and polishing machine operators (7322, 7324, 7522)
	Precision woodworking occupations	709	Forging machine operators (7319, 7519)
656	Patternmakers and model makers, wood (7231)	713	Numerical control machine operators (7326)
657	Cabinet makers and bench carpenters (7232)	714	Miscellaneous metal, plastic, stone, and glass working machine operators (7329, 7529)
658	Furniture and wood finishers (pt 7234, pt 7756)	715	Fabricating machine operators, n.e.c. (7339, 7539)
659	Miscellaneous precision woodworkers (pt 7234, 7239)		Metal and plastic processing machine operators
	Precision textile, apparel, and furnishings machine workers	717	Molding and casting machine operators (7315, 7342, 7515, 7542)
666	Dressmakers (7251, pt 7752)	719	Metal plating machine operators (7343, 7543)
667	Tailors (7252)	723	Heat treating equipment operators (7344, 7544)
668	Upholsterers (7253)	724	Miscellaneous metal and plastic processing
669	Show repairers (7254)	725	
673	Apparel and fabric patternmakers (pt 7259)		
674	Miscellaneous precision apparel and fabric workers (pt 7259, pt 7752)		
	Precision workers, assorted materials		
675	Hand molders and shapers, except jewelers (7261)		
676	Patternmakers, lay-out workers, and cutters (7262)		
677	Optical goods workers (7264, pt 7677)		
678	Dental laboratory and medical appliance		

Occupation Code	Occupation Category	Occupation Code	Occupation Category
	machine operators (7349, 7549)	773	Motion picture projectionists (pt 7679)
	Woodworking machine operators	774	Photographic process machine operators (pt 7263, pt 7679)
726	Wood, lathe, routing, and planing machine operators (7431, 7432, 7631, 7632)	777	Miscellaneous machine operators, n.e.c. (7479, 7665, pt 7679)
727	Sawing machine operators (7433, 7633)	779	Machine operators, not specified
728	Shaping and joining machine operators (7435, 7635)		Fabricators, assemblers, and hand working occupations
729	Nailing and tacking machine operators (7636)	783	Welders and cutters (7332, 7532, 7714)
733	Miscellaneous woodworking machine operators (7434, 7439, 7634, 7639)	784	Solderers and brazers (7333, 7533, 7717)
	Printing machine operators	785	Assemblers (772, 774)
734	Printing machine operators (7443, 7643)	786	Hand cutting and trimming occupations (7753)
735	Photoengravers and lithographers (7242, 7444, 7644)	787	Hand molding, casting, and forming occupations (7754, 7755)
736	Typesetters and compositors (7241, 7442, 7642)	789	Hand painting, coating, and decorating occupations (pt 7756)
737	Miscellaneous printing machine operators (pt 7249, pt 7449, 7649)	793	Hand engraving and printing occupations (7757)
	Textile, apparel, and furnishings machine operators	794	Hand grinding and polishing occupations (7758)
738	Winding and twisting machine operators (7451, 7651)	795	Miscellaneous hand working occupations (7759)
739	Knitting, looping, taping, and weaving machine operators (7452, 7652)		Production inspectors, testers, samplers, and weighers
743	Textile cutting machine operators (7654)	796	Production inspectors, checkers, and examiners (782, 786, 787)
744	Textile sewing machine operators (7655, pt 7656)	797	Production testers (783)
745	Shoe machine operators (pt 7656, pt 7659)	798	Production samplers and weighers (784)
747	Pressing machine operators (7657)	799	Graders and sorters, except agricultural (785)
748	Laundering and dry cleaning machine operators (7255, 7658)		Transportation and Material Moving Occupations
749	Miscellaneous textile machine operators (7453, 7653, pt 7659)		Motor vehicle operators
	Machine operators, assorted materials	803	Supervisors, motor vehicle operators (6311)
753	Cementing and gluing machine operators (7661)	Z (804)	Truck drivers, heavy (6412, 6413)
754	Packaging and filling machine operators (7462, 7662)	805	Truck drivers, light (6414)
755	Extruding and forming machine operators (7463, 7663)	806	Driver-sales workers (433)
756	Mixing and blending machine operators (7664)	808	Bus drivers (6415)
757	Separating, filtering, and clarifying machine operators (7476, 7666, 7676)	809	Taxi cab drivers and chauffeurs (6416)
758	Compressing and compacting machine operators (7467, 7667)	813	Parking lot attendants (6417)
759	Painting and paint spraying machine operators (7669)	814	Motor transportation occupations, n.e.c. (6419)
763	Roasting and baking machine operators, food (7472, 7672)		Transportation occupations, except motor vehicles
764	Washing, cleaning, and pickling machine operators (7673)		Rail transportation occupations
765	Folding machine operators (7474, 7674)	823	Railroad conductors and yardmasters (6313)
766	Furnace, kiln, and oven operators, exc. food (7668 7671, 7675)	824	Locomotive operating occupations (6432)
768	Crushing and grinding machine operators (7477, pt 7677)	825	Railroad brake, signal, and switch operators (6433)
769	Slicing and cutting machine operators (7478, 7678)	826	Rail vehicle operators, n.e.c. (6439)
			Water transportation occupations
		828	Ship captains and mates, except fishing boats (6441, 6442)
		829	Sailors and deckhands (6443)
		833	Marine engineers (6444)
		834	Bridge, lock, and lighthouse tenders (6445)

Occupation Code	Occupation Category	Occupation Code	Occupation Category
	Materials moving equipment operators		occupations
843	Supervisors, material moving equipment operators (632)	865	Helpers, construction trades (6191-6195, 6198)
844	Operating engineers (6512)	866	Helpers, surveyors (6196)
845	Longshore equipment operators (6513)	867	Helpers, extractive occupations (629)
848	Hoist and winch operators (6514)	869	Construction laborers (81)
849	Crane and tower operators (6515)	873	Production helpers (769, 779)
853	Excavating and loading machine operators (6516)		Freight, stock, and material movers, hand
855	Grader, dozer, and scraper operators (6517)	875	Garbage collectors (822)
856	Industrial truck and tractor equipment operators (6518)	876	Stevedores (823)
859	Miscellaneous material moving equipment operators (6519, pt 659)	877	Stock handlers and baggers (824)
		878	Machine feeders and offbearers (825)
		883	Freight, stock, and material movers, hand, n.e.c. (649, 826)
		885	Garage and service station related occupations (672)
		887	Vehicle washers and equipment cleaners (83)
		888	Hand packers and packagers (841)
		889	Laborers, except construction (842, 846, pt 659)
	<u>Handlers, Equipment Cleaners, Helpers, and Laborers</u>		
863	Supervisors; handlers, equipment cleaners, and laborers, n.e.c. (pt 711)	905	MILITARY
864	Helpers, mechanics and repairers (679) Helpers, construction and extractive	990	OCCUPATION NOT REPORTED¹

¹Code used when not-reported cases are not allocated

Appendix G

Industry Coding Sample Pages

(These example pages from the actual coding book illustrate the details required for coding staff to accurately classify responses.)

Industry Sample Coding Pages

Equivalent numeric codes follow the alphabetic code. Either code may be used, depending on the processing method. Numbers in parentheses following the industry categories are the Standard Industrial Classification definitions. The abbreviation "pt" means "part" and "n.e.c." means "not elsewhere classified."

Industry Code	Industrial Category	Industry Code	Industrial Category
	AGRICULTURE, FORESTRY, AND FISHERIES	151	Apparel and accessories, except knit (231-238)
		152	Miscellaneous fabricated textile products (239)
A (010)	Agricultural production, crops (01)		Paper and allied products
011	Agricultural production, livestock (02)	160	Pulp, paper, and paperboard mills (261-263, 266)
020	Agricultural services, except horticultural (07, except 078)	161	Miscellaneous paper and pulp products (264)
021	Horticultural services (078)	162	Paperboard containers and boxes (265)
030	Forestry (08)		Printing, publishing and printing
031	Fishing, hunting, and trapping (09)	C (171)	Newspaper publishing and printing (271)
		172	Printing, publishing, and allied industries, except newspapers (272-279)
	MINING		Chemicals and allied products
040	Metal mining (10)	180	Plastics, synthetics, and resins (282)
041	Coal mining (11, 12)	181	Drugs (283)
042	Crude petroleum and natural gas extraction (13)	182	Soaps and cosmetics (284)
050	Nonmetallic mining and quarrying, except fuel (14)	190	Paints, varnishes, and related products (285)
		191	Agricultural chemicals (287)
		192	Industrial and miscellaneous chemicals (281, 286, 289)
B (060)	CONSTRUCTION (15, 16, 17)		Petroleum and coal products
		200	Petroleum refining (291)
	MANUFACTURING	201	Miscellaneous petroleum and coal products (295, 299)
	<u>Nondurable Goods</u>		Rubber and miscellaneous plastics products
	Food and kindred products	210	Tires and inner tubes (301)
100	Meat products (201)	211	Other rubber products, and plastics footwear and belting (302-304, 306)
101	Dairy products (202)	212	Miscellaneous plastics products (307)
102	Canned and preserved fruits and vegetables (203)		Leather and leather products
110	Grain mill products (204)	220	Leather tanning and finishing (311)
111	Bakery products (205)	221	Footwear, except rubber and plastic (313, 314)
112	Sugar and confectionery products (206)	222	Leather products, except footwear (315-317, 319)
120	Beverage industries (208)		<u>Durable Goods</u>
121	Miscellaneous food preparations and kindred products (207, 209)		Lumber and wood products, except furniture
122	Not specified food industries	230	Logging (241)
130	Tobacco manufactures (21)	231	Sawmills, planing mills, and millwork (242, 243)
	Textile mill products	232	Wood buildings and mobile homes (245)
132	Knitting mills (225)	241	Miscellaneous wood products (244, 249)
140	Dyeing and finishing textiles, except wool and knit goods (226)	242	Furniture and fixtures (25)
141	Floor coverings, except hard surface (227)		Stone, clay, glass, and concrete products
142	Yarn, thread, and fabric mills (228, 221-224)	250	Glass and glass products (321-323)
150	Miscellaneous textile mill products (229)	251	Cement, concrete, gypsum, and plastic products (324, 327)
	Apparel and other finished textile products		

Industry Code	Industrial Category	Industry Code	Industrial Category
252	Structural clay products (325)		
261	Pottery and related products (326)	380	Photographic equipment and supplies (386)
262	Miscellaneous nonmetallic mineral and stone products (328, 329)	381	Watches, clocks, and clockwork operated devices (387)
	Metal industries	382	Not specified professional equipment
270	Blast furnaces, steelworks, rolling and finishing mills (331)	390	Toys, amusement, and sporting goods (394)
271	Iron and steel foundries (332)	391	Miscellaneous manufacturing industries (39 exc. 394)
272	Primary aluminum industries (3334, pt 334, 3353-3355, 3361)	392	Not specified manufacturing industries
280	Other primary metal industries (3331-3333, 3339, pt 334, 3351, 3356, 3357, 3362, 3369, 339)		TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES
281	Cutlery, hand tools and other hardware (342)		Transportation
282	Fabricated structural metal products (344)	400	Railroads (40)
290	Screw machine products (345)	401	Bus service and urban transit (41, exc. 412)
291	Metal forgings and stampings (346)	402	Taxicab service (412)
292	Ordnance (348)	410	Trucking service (421, 423)
300	Miscellaneous fabricated metal products (341, 343, 347, 349)	411	Warehousing and storage (422)
301	Not specified metal industries	412	U.S. Postal Service (43)
	Machinery, except electrical	420	Water transportation (44)
310	Engines and turbines (351)	421	Air transportation (45)
311	Farm machinery and equipment (352)	422	Pipe lines, except natural gas (46)
312	Construction and material handling machines (353)	432	Services incidental to transportation (47)
320	Metalworking machinery (354)		Communications
321	Office and accounting machines, (357, except 3573)	440	Radio and television broadcasting (483)
322	Electronic computing equipment (3573)	441	Telephone (wire and radio) (481)
331	Machinery, except electrical, n.e.c. (355, 356, 358)	442	Telegraph and miscellaneous communication services (482, 489)
332	Not specified machinery		Utilities and sanitary services
	Electrical machinery, equipment, and supplies	460	Electric light and power (491)
340	Household appliance (363)	461	Gas and steam supply systems (492, 496)
341	Radio, TV, and communication equipment (365, 366)	462	Electric and gas, and other combinations (493)
342	Electrical machinery, equipment, and supplies, n.e.c. (361, 362, 364, 367, 369)	470	Water supply and irrigation (494, 496)
350	Not specified electrical machinery, equipment, and supplies	471	Sanitary services (495)
	Transportation equipment	472	Not specified utilities
351	Motor vehicles and motor vehicle equipment (371)		WHOLESALE TRADE
352	Aircraft and parts (372)		Durable Goods
360	Ship and boat building and repairing (373)	500	Motor vehicles and equipment (501)
361	Railroad locomotives and equipment (374)	501	Furniture and home furnishings (502)
362	Guided missiles, space vehicles, and parts (376)	502	Lumber and construction materials (503)
		510	Sporting goods, toys, and hobby goods (504)
370	Cycles and miscellaneous transportation equipment (375, 379)	511	Metals and minerals, except petroleum (505)
	Professional and photographic equipment, and watches	512	Electrical goods (506)
371	Scientific and controlling instruments (381, 382)	521	Hardware, plumbing and heating supplies (507)
372	Optical and health services supplies (383, 384,	522	Not specified electrical and hardware products
		530	Machinery, equipment, and supplies (508)
		531	Scrap and waste materials (5093)
		532	Miscellaneous whole, durable goods (5094, 5099)
			Nondurable goods

Industry Code	Industrial Category
820	Offices of dentists (802)
821	Offices of chiropractors (8041)
822	Offices of optometrists (8042)
830	Offices of health practitioners, n.e.c. (8049)
K(831)	Hospitals (806)
832	Nursing and personal care facilities (805)
840	Health services n.e.c. (807, 808, 809)
841	Legal services (81)
L(842)	Elementary and secondary schools (821)
M(850)	College and universities (822)
851	Business, trade, and vocational schools (824)
852	Libraries (823)
860	Educational services, n.e.c. (829)
861	Job training and vocational rehabilitation services (833)
862	Child day care services (835)
870	Residential care facilities, without nursing (836)
871	Social services, n.e.c. (832, 839)
872	Museums, art galleries, and zoos (84)
880	Religious organization (866)
881	Membership organizations (861-865, 869)
882	Engineering, architectural, and surveying services (891)

Industry Code	Industrial Category
890	Accounting, auditing, and bookkeeping services (893)
891	Noncommercial educational and scientific research (892)
892	Miscellaneous professional and related services (899)
PUBLIC ADMINISTRATION	
900	Executive and legislative offices (911-913)
901	General government, n.e.c. (919)
910	Justice, public order, and safety (92)
921	Public finance, taxation, and monetary policy (93)
922	Administration of human resources programs (94)
930	Administration of environmental quality and housing programs (95)
931	Administration of economic programs (96)
932	National security and international affairs (97)
942	MILITARY DUTY
990	INDUSTRY NOT REPORTED

¹Code used when not reported cases are not allocated.